

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection**A** For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DIRECT RELIEF		D Employer identification number 95-1831116
	Doing business as		E Telephone number 805-964-4767
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	27 SOUTH LA PATERA LANE		
	City or town, state or province, country, and ZIP or foreign postal code GOLETA, CA 93117		G Gross receipts \$ 1,114,862,422.
F Name and address of principal officer: BHUPI SINGH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.DIRECTRELIEF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1948	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR EMERGENCY SITUATIONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	88
	6 Total number of volunteers (estimate if necessary)	6	224
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	82,424.
b Net unrelated business taxable income from Form 990-T, line 34	7b	73,282.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	772,063,768.	1,114,134,242.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	201,462.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,727.	145,591.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-21,773.	-22,919.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	772,262,184.	1,114,256,914.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	765,979,698.	928,863,718.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,361,466.	8,125,119.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,451,245.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	118,047,935.	71,919,036.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	891,389,099.	1,008,907,873.
19 Revenue less expenses. Subtract line 18 from line 12	-119,126,915.	105,349,041.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	164,621,650.	277,223,402.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,176,871.	10,654,564.
		161,444,779.	266,568,838.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	BHUPI SINGH, EVP, COO & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 1** Briefly describe the organization's mission:
IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR
EMERGENCY SITUATIONS BY MOBILIZING AND PROVIDING ESSENTIAL MEDICAL
RESOURCES NEEDED FOR THEIR CARE.
- 2** Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 738,245,632. including grants of \$ 685,239,814.) (Revenue \$)
COMMUNITY HEALTH PROGRAM - DIRECT RELIEF, THROUGH ITS COMMUNITY HEALTH
INITIATIVES, EQUIPS HEALTH PROFESSIONALS IN LOW-RESOURCE SETTINGS WITH
THE MEDICAL RESOURCES THEY NEED TO DIAGNOSE, TREAT, AND CARE FOR THEIR
PATIENTS - REGARDLESS OF ABILITY TO PAY. IN THE FISCAL YEAR 2017,
DIRECT RELIEF PROVIDED MATERIAL AND FINANCIAL SUPPORT TO MORE THAN
1,600 COMMUNITY HEALTH PROVIDERS IN 86 COUNTRIES. THIS INCLUDES THE
U.S., WHERE DIRECT RELIEF OPERATES THE NATION'S LARGEST CHARITABLE
MEDICINE PROGRAM FOR COMMUNITY HEALTH CENTERS AND NONPROFIT CLINICS IN
ALL 50 STATES. AS A RESULT OF DIRECT RELIEF'S SUPPORT, ORGANIZATIONS
AND HEALTH PROVIDERS CAN FOCUS THEIR TIME AND RESOURCES ON EXPANDING
AND IMPROVING THEIR SERVICES INSTEAD OF PROCURING MEDICINE AND
SUPPLIES.
- 4b** (Code:) (Expenses \$ 130,893,971. including grants of \$ 124,192,761.) (Revenue \$)
DISEASE PREVENTION AND TREATMENT - TO ALLEVIATE THE DISEASE BURDEN IN
RESOURCE-CONSTRAINED COMMUNITIES AROUND THE WORLD, DIRECT RELIEF
SUPPORTS A GLOBAL NETWORK OF LOCALLY-RUN HEALTH FACILITIES WITH THE
MEDICINES, MEDICAL SUPPLIES, AND FUNDING. IN THE FISCAL YEAR 2017,
DIRECT RELIEF PROVIDED HEALTHCARE PARTNERS IN 39 COUNTRIES WITH 16.5
MILLION COURSES OF MEDICATION TO TREAT CONDITIONS THAT INCLUDE CANCER,
DIABETES, HIV/AIDS, AND RARE DISEASES. DIRECT RELIEF ALSO SUPPORTS
PROGRAMS TO ADVANCE BREAST CANCER AWARENESS AND EARLY DETECTION, HIV
PREVENTION AND TESTING AND CERVICAL CANCER SCREENING, AS WELL AS
COMPREHENSIVE DIABETES PREVENTION AND TREATMENT PROGRAMS THAT INCLUDE
ASSISTANCE FOR CHILDREN WITH TYPE 1 DIABETES.
- 4c** (Code:) (Expenses \$ 132,034,347. including grants of \$ 116,628,821.) (Revenue \$)
DISASTER RESPONSE - DIRECT RELIEF, THROUGH ITS DISASTER RESPONSE
PROGRAMS, ADDRESSES THE NEEDS OF VULNERABLE COMMUNITIES BEFORE
DISASTERS STRIKE BY PRE-POSITIONING EMERGENCY MEDICAL MATERIALS WITH
HEALTHCARE FACILITIES IN AREAS AT RISK FROM NATURAL DISASTERS. WHEN
DISASTERS OCCUR, DIRECT RELIEF LEVERAGES ITS NETWORK OF HEALTHCARE
PROVIDERS TO ASSESS IMMEDIATE NEEDS, UNDERSTAND THE SITUATION, AND
RESPOND QUICKLY AND PRECISELY. DIRECT RELIEF'S EFFORTS ARE ALWAYS IN
RESPONSE TO SPECIFIC REQUESTS FROM LOCAL PARTNERS AND IN ACCORDANCE
WITH NATIONAL AND INTERNATIONAL RESPONDERS TO AVOID DUPLICATION OF
EFFORTS AND PREVENT LOGISTICAL BOTTLENECKS, AND ENSURE THE MOST
EFFICIENT USE OF RESOURCES.
- 4d** Other program services (Describe in Schedule O.)
(Expenses \$ 2,802,322. including grants of \$ 2,802,322.) (Revenue \$)
- 4e** Total program service expenses **1,003,976,272.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 36		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 88		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: SOUTH AFRICA, MEXICO See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 1		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 28		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 28		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA, AL, AK, AR, CO, CT, FL, GA, HI, IL, KS, KY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 DIRECT RELIEF, BHUPI SINGH, EVP, COO & CFO - 805-964-4767
 27 SOUTH LA PATERA LANE, GOLETA, CA 93117

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGEL ISCOVICH, M.D. CHAIR	10.00			X				0.	0.	0.
(2) MARK SCHWARTZ VICE CHAIR	5.00			X				0.	0.	0.
(3) LINDA GLUCK TREASURER/COMMITTEE CHAIR	5.00			X				0.	0.	0.
(4) JAMES SELBERT SECRETARY/COMMITTEE CHAIR	5.00			X				0.	0.	0.
(5) ELIZABETH GREEN ASSISTANT SECRETARY	5.00			X				0.	0.	0.
(6) PATRICIA AOYAMA COMMITTEE CHAIR	5.00							0.	0.	0.
(7) ERNEST J. GETTO COMMITTEE CHAIR	5.00							0.	0.	0.
(8) SIRI MARSHALL COMMITTEE CHAIR	5.00							0.	0.	0.
(9) STEVE AINSLEY DIRECTOR	2.00							0.	0.	0.
(10) BITSY BECTON BACON DIRECTOR	2.00							0.	0.	0.
(11) KENDALL BISHOP DIRECTOR	2.00							0.	0.	0.
(12) DANTE DI LORETO DIRECTOR	2.00							0.	0.	0.
(13) DAVID GIBBS DIRECTOR	2.00							0.	0.	0.
(14) BERT GREEN, M.D. DIRECTOR	2.00							0.	0.	0.
(15) STEVE WEINTRAUB DIRECTOR	2.00							0.	0.	0.
(16) DAVID BROWN DIRECTOR	2.00							0.	0.	0.
(17) LES CHARLES DIRECTOR	2.00							0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICK FITZGERALD DIRECTOR	2.00	X						0.	0.	0.
(19) CHARLES FENZI DIRECTOR	2.00	X						0.	0.	0.
(20) GREGG FOSTER DIRECTOR	2.00	X						0.	0.	0.
(21) PAMELA GANN DIRECTOR	2.00	X						0.	0.	0.
(22) J. MICHAEL GILES DIRECTOR	2.00	X						0.	0.	0.
(23) MARK LINEHAN DIRECTOR	2.00	X						0.	0.	0.
(24) THOMAS WEISENBURGER DIRECTOR	2.00	X						0.	0.	0.
(25) BYRON SCOTT, M.D. DIRECTOR	2.00	X						0.	0.	0.
(26) JEFFREY BRANCH DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,610,857.	0.	201,616.
d Total (add lines 1b and 1c)								1,610,857.	0.	201,616.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SUNGARD AVAILABILITY SERVICES, 91233 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	SAP PROGRAM APPLICATIONS	285,507.
CROWE HOROWATH LLP PO BOX 51660, LOS ANGELES, CA 90051	REPLENISHMENT PROGRAM AUDITS	187,134.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

2

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2016)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JANE OLSON DIRECTOR	2.00	X						0.	0.	0.
(28) MICHAEL KELLY DIRECTOR	2.00	X						0.	0.	0.
(29) THOMAS E. TIGHE PRESIDENT & CEO	40.00 5.00			X				397,360.	0.	47,309.
(30) BHUPI SINGH EVP, COO & CFO	40.00 5.00			X				332,558.	0.	28,689.
(31) DAWN LONG DIRECTOR, IT & QUALITY	40.00					X		201,021.	0.	17,074.
(32) DONALD ROANE DIRECTOR, STRATEGIC INITIATIVES	40.00					X		184,143.	0.	36,389.
(33) ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALY	40.00					X		183,321.	0.	24,364.
(34) JUDY PARTCH DIRECTOR, ADMINISTRATION &	40.00					X		158,229.	0.	23,278.
(35) RICK SNEKVIK DIRECTOR, OPERATIONS	40.00					X		154,225.	0.	24,513.
Total to Part VII, Section A, line 1c								1,610,857.		201,616.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	483,084.				
	b Membership dues	1b					
	c Fundraising events	1c	176,545.				
	d Related organizations	1d	12,208,510.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,101,266,103.				
	g Noncash contributions included in lines 1a-1f: \$		1,078,039,772.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a _____ Business Code _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			62,328.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				83,263.		82,424.	839.
8 a Gross income from fundraising events (not including \$ 176,545. of contributions reported on line 1c). See Part IV, line 18		a	0.				
b Less: direct expenses		b	22,919.				
c Net income or (loss) from fundraising events				-22,919.			-22,919.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				1,114,256,914.	0.	82,424.	40,248.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒ **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	133,902,777.	133,902,777.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	794,960,941.	794,960,941.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	810,639.	73,497.	511,815.	225,327.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,826,698.	3,848,556.	1,305,741.	672,401.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	244,091.	162,324.	51,711.	30,056.
9 Other employee benefits	832,111.	506,065.	225,053.	100,993.
10 Payroll taxes	411,580.	263,919.	94,968.	52,693.
11 Fees for services (non-employees):				
a Management				
b Legal	84,848.	16,621.	67,166.	1,061.
c Accounting	80,737.	9,980.	68,681.	2,076.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,261,517.	872,413.	369,744.	19,360.
12 Advertising and promotion	189,890.	8,000.	150,617.	31,273.
13 Office expenses	89,422.	45,264.	13,038.	31,120.
14 Information technology	277,291.	193,972.	20,152.	63,167.
15 Royalties				
16 Occupancy	899,699.	842,697.	32,137.	24,865.
17 Travel	550,395.	426,182.	90,318.	33,895.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	163,891.	88,268.	54,388.	21,235.
20 Interest	128,697.	112,546.	9,880.	6,271.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	754,017.	633,693.	78,159.	42,165.
23 Insurance	74,757.	51,297.	21,783.	1,677.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INVENTORY ADJ-SEE SCH O	62,092,539.	62,092,539.		
b FREIGHT/TRANSPORTATION	3,772,889.	3,772,889.		
c SUPPLIES	548,251.	458,224.	27,307.	62,720.
d WEB HOSTING	313,038.	271,053.	40,648.	1,337.
e All other expenses	637,158.	362,555.	247,050.	27,553.
25 Total functional expenses. Add lines 1 through 24e	1,008,907,873.	1,003,976,272.	3,480,356.	1,451,245.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

☒ **X**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	632,131.	1	1,277,326.
	2 Savings and temporary cash investments	3,827,691.	2	1,223,096.
	3 Pledges and grants receivable, net	2,091,940.	3	2,002,714.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	25,922.	7	34,732.
	8 Inventories for sale or use	144,776,390.	8	241,328,023.
	9 Prepaid expenses and deferred charges	453,807.	9	405,362.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,268,393.		
	b Less: accumulated depreciation	10b 7,668,853.		
	11 Investments - publicly traded securities	5,755,119.	10c	22,599,540.
	12 Investments - other securities. See Part IV, line 11	1,990,491.	11	6,234,034.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	5,068,159.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	164,621,650.	15	2,118,575.	
Liabilities	17 Accounts payable and accrued expenses	164,621,650.	16	277,223,402.
	18 Grants payable	635,091.	17	2,177,801.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties	1,251,791.	23	7,207,842.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	1,289,989.	25	1,268,921.
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.	3,176,871.	26	10,654,564.
	28 Unrestricted net assets			
	29 Temporarily restricted net assets	149,323,363.	27	256,465,246.
	30 Permanently restricted net assets	12,121,416.	28	10,103,592.
	31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		29	
	32 Capital stock or trust principal, or current funds		30	
	33 Paid-in or capital surplus, or land, building, or equipment fund		31	
	34 Retained earnings, endowment, accumulated income, or other funds		32	
	35 Total net assets or fund balances	161,444,779.	33	266,568,838.
	36 Total liabilities and net assets/fund balances	164,621,650.	34	277,223,402.

Form **990** (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,114,256,914.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,008,907,873.
3	Revenue less expenses. Subtract line 2 from line 1	3	105,349,041.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	161,444,779.
5	Net unrealized gains (losses) on investments	5	15,948.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-240,930.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	266,568,838.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 **Schedule A (Form 990 or 990-EZ) 2016**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	387,953,377.	449,601,155.	888,544,226.	772,063,768.	1114134242.	3612296768.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	387,953,377.	449,601,155.	888,544,226.	772,063,768.	1114134242.	3612296768.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2186355827.
6 Public support. Subtract line 5 from line 4.						1425940941.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	387,953,377.	449,601,155.	888,544,226.	772,063,768.	1114134242.	3612296768.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	966.	14,682.	19,017.	18,743.	62,930.	116,338.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3612413106.
12 Gross receipts from related activities, etc. (see instructions)					12	1,102,928.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	39.47 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	41.71 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule A**Identification of Excess Contributions
Included on Part II, Line 5****2016****** Do Not File ********* Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
PFIZER, INC.	983,780,592.	911,532,330.
TEVA PHARMACEUTICALS	841,106,901.	768,858,639.
BOEHRINGER INGELHEIM CARES FOUNDATION	188,559,358.	116,311,096.
JANSSEN PHARMACEUTICALS	115,038,767.	42,790,505.
MYLAN LABORATORIES INC.	191,462,755.	119,214,493.
SANOFI US FOUNDATION FOR NORTH AMERICA	80,093,100.	7,844,838.
ACTAVIS PHARMA, INC.	265,390,299.	193,142,037.
MERCK & CO, INC	98,910,151.	26,661,889.
Total Excess Contributions to Schedule A, Part II, Line 5		2,186,355,827.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

632051 08-29-16

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,086,980.	34,758,148.	34,001,482.	30,566,600.	30,256,901.
b Contributions	829,812.	919,851.	412,770.	452,180.	863,913.
c Net investment earnings, gains, and losses	2,202,566.	-19,740.	1,435,924.	4,597,850.	3,682,539.
d Grants or scholarships	3,397,144.	6,348,440.	895,187.	1,430,993.	4,108,626.
e Other expenditures for facilities and programs					
f Administrative expenses	200,467.	222,839.	196,841.	184,155.	128,127.
g End of year balance	28,521,747.	29,086,980.	34,758,148.	34,001,482.	30,566,600.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,069,935.		10,069,935.
b Buildings		12,867,748.	1,707,859.	11,159,889.
c Leasehold improvements				
d Equipment		2,455,296.	1,887,301.	567,995.
e Other		4,875,414.	4,073,693.	801,721.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,599,540.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CAPITAL LEASE OBLIGATION	29,445.	
(3) OTHER CURRENT LIABILITIES	73,242.	
(4) ACCRUED PAYROLL EXPENSES	1,157,393.	
(5) DEFERRED COMPENSATION	8,841.	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,268,921.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2016

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAINS CUSTODY OF

THE BOARD RESTRICTED INVESTMENT FUND (BRIF), WHICH IS A BOARD DESIGNATED

ENDOWMENT. DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTING

ORGANIZATION OF DIRECT RELIEF. THE FOUNDATION IS ORGANIZED TO OPERATE

SOLELY AND EXCLUSIVELY TO SUPPORT, BENEFIT, OR CARRY OUT THE PURPOSES OF

DIRECT RELIEF. THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CURRENT

AND FUTURE OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FUNDING TO

PAY FOR ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT

AND GENERAL EXPENSES. FOR THE YEAR ENDED JUNE 30, 2017, THE DIRECT RELIEF

FOUNDATION TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVERING ALL OF

DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION

Part XIII Supplemental Information (continued)

OF THE CEO.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME UNDER INTERNAL REVENUE

CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE 23701D.

THEREFORE, NO AMOUNTS FOR INCOME TAXES ARE REFLECTED IN THE ACCOMPANYING

CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAD INCONSEQUENTIAL

UNRELATED BUSINESS INCOME TAX DURING THE YEAR ENDED JUNE 30, 2017 AND 2016

AND NO TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED

FINANCIAL STATEMENTS.

THE ORGANIZATION, UNDER THE PROVISIONS OF ASC 740, INCOME TAXES, HAD NO

UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AS OF JUNE 30, 2017 AND 2016.

PART X, LINE 6:

THE ORGANIZATION IS PARTY TO A NON-QUALIFIED DEFERRED COMPENSATION

AGREEMENT WITH THE SURVIVING SPOUSE OF A CO-FOUNDER OF THE ORGANIZATION.

UNDER THE TERMS OF THE AGREEMENT, BEGINNING JANUARY 1, 1971, THE

ORGANIZATION IS OBLIGATED TO MAKE MONTHLY PAYMENTS IN ACKNOWLEDGEMENT OF

HIS 23 YEARS OF SERVICE. AS OF JUNE 30, 2017, THE PRESENT VALUE OF THE

FUTURE ESTIMATED PAYMENTS DUE WAS \$8,841.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

DIRECT RELIEF

95-1831116

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			GRANT MAKING		292,767.
EAST ASIA AND THE PACIFIC			GRANT MAKING		589,528.
EUROPE			GRANT MAKING		14,000.
MIDDLE EAST AND NORTH AFRICA			GRANT MAKING		210,000.
SOUTH AMERICA			GRANT MAKING		205,883.
SOUTH ASIA			GRANT MAKING		914,992.
SUB-SAHARAN AFRICA			GRANT MAKING		231,434.
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN AFRICA	79,800.
3 a Sub-total	1	1			2,538,404.
b Total from continuation sheets to Part I	2	7			792,778,208.
c Totals (add lines 3a and 3b)	3	8			795,316,612.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN SOUTH AMERICA	23,500.
CENTRAL AMERICA AND THE CARIBBEAN	0	2	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN HAITI	98,166.
NORTH AMERICA	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN MEXICO	544,404.
SOUTH ASIA		1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN INDIA	25,000.
EUROPE		1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE BALKANS.	42,043.
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE ASEAN REGION	77,689.
CENTRAL AMERICA AND THE CARIBBEAN			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	239,148,085.
EAST ASIA AND THE PACIFIC			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	24,465,200.
EUROPE			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	17,096,605.
MIDDLE EAST AND NORTH AFRICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	61,114,548.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	15,364,228.
RUSSIA AND THE NEWLY INDEPENDENT STATES			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	7,217,175.
SOUTH AMERICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	86,862,031.
SOUTH ASIA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	39,887,063.
SUB-SAHARAN AFRICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	300,812,471.
Totals	2	7			792,778,208.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUPPORT OF RELATED PARTY ORGANIZATION IN MEXICO	517,697.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	337,200.	WIRE	0.		
		SUB-SAHARAN AFRICA	PRENATAL VITAMIN PROGRAM	186,175.	WIRE	0.		
		SOUTH ASIA	STRENGTHENING HEALTHCARE SYSTEMS	150,800.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	150,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	VASELINE HEALING MISSIONS PROGRAM	147,654.	WIRE	0.		
		SOUTH AMERICA	CERVICAL CANCER PROGRAM	120,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTHY COMMUNITY CLINIC PROJECT	120,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

277

3 Enter total number of other organizations or entities

88

Schedule F (Form 990) 2016

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	MATERNAL & CHILD HEALTH PROGRAM	116,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CERVICAL CANCER PROGRAM	91,888.	WIRE	0.		
		SOUTH AMERICA	HURRICANE MATTHEW RELIEF & RECOVERY	80,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	76,342.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	75,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TYPHOON HAIYAN RELIEF & RECOVERY	70,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE MATTHEW RELIEF & RECOVERY	70,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT OF RELATED PARTY ORGANIZATION IN SOUTH AFRICA	60,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PEDIATRIC CANCER PROGRAM	50,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE MATTHEW RELIEF & RECOVERY	50,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	NUTRITION & HEALTH EDUCATION PROGRAM	47,750.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SYRIA REFUGEE CRISIS RELIEF & RECOVERY	40,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE MATTHEW RELIEF & RECOVERY	35,945.	WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH EDUCATION	35,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	33,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TYPHOON HAIYAN RELIEF & RECOVERY	32,450.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MATERNAL & CHILD HEALTH PROGRAM	30,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	DENTAL HEALTH PROGRAM	25,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	DENTAL HEALTH PROGRAM	25,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	25,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	25,000.	WIRE	0.		
		SOUTH ASIA	ONGOING PATIENT SUPPORT	25,000.	WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH EDUCATION	23,333.	WIRE	0.		
		SUB-SAHARAN AFRICA	MENTAL HEALTH PROGRAM	22,900.	WIRE	0.		
		SOUTH ASIA	ONGOING PATIENT SUPPORT	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HERNIA MEDICAL MISSION PROGRAM	19,834.	WIRE	0.		
		SUB-SAHARAN AFRICA	VASELINE HEALING MISSIONS PROGRAM	19,359.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	STRENGTHENING HEALTHCARE SYSTEMS	17,500.	WIRE	0.		
		EUROPE	ITALY EARTHQUAKE RELIEF & RESPONSE	11,500.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	10,730.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CERVICAL CANCER PROGRAM	10,100.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHILDHOOD MALNUTRITION PROGRAM	10,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	10,000.	WIRE	0.		
		SOUTH ASIA	PAKISTAN EARTHQUAKE RELIEF & RECOVERY	10,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	6,000.	WIRE	0.		
		SOUTH ASIA	VASELINE HEALING MISSIONS PROGRAM	5,261.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING HEALTHCARE SYSTEMS	5,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		27,167,574.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		18,865,026.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		17,422,359.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		12,612,306.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		10,773,525.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		10,657,002.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		10,567,407.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		10,385,058.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		10,361,924.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		9,701,844.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		8,351,386.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,450,640.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,338,937.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		5,912,542.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		5,646,516.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		4,810,152.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		4,341,359.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		4,121,956.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		3,639,185.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		3,215,729.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,733,373.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,618,792.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,280,000.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,208,949.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,194,979.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,017,028.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,900,303.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,782,750.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,727,100.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,725,109.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,722,047.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,539,823.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,528,261.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,497,692.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,408,787.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,354,128.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,319,271.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,109,683.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,007,772.	PHARMACEUTICALS	ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		907,036.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		854,917.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		847,205.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		763,271.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		734,326.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL

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		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		694,044.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		692,739.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		614,346.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		571,161.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		540,815.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		525,242.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		456,516.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		432,624.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		389,667.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		382,010.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		379,131.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		323,398.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		319,074.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		306,268.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		246,006.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		227,826.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		210,626.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		204,160.	MEDICAL SUPPLIES	PURCHASED PRICE

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		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		186,512.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		180,366.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		177,552.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		143,435.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		125,840.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		112,392.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		111,612.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		110,953.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		104,730.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		85,847.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		83,590.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		79,227.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		76,053.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		70,173.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		68,202.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		62,400.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		61,238.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		55,980.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE

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		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		44,729.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		44,153.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		41,894.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		41,184.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		40,909.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		35,497.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		34,128.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		33,975.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		33,255.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		32,986.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		26,482.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		26,101.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		25,690.	PHARMACEUTICALS	ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		20,401.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		20,073.	MEDICAL SUPPLIES	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		17,468.	PHARMACEUTICALS	ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		12,308.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		11,407.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL

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		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		10,647.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		9,244.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		7,722.	EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,160.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		11,409,281.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		4,309,420.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,150,080.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,651,507.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,565,954.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

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		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		640,016.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		542,329.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		540,644.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		462,523.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		165,115.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		159,068.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		145,883.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		142,860.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		140,432.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		129,140.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		57,840.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		57,613.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		54,722.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		52,044.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		46,728.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		39,781.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		11,928,813.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,315,360.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		899,694.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		528,914.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		424,428.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		371,646.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		237,146.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		159,309.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		106,276.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		66,536.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EUROPE	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		53,831.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		32,128,546.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		7,982,609.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		7,357,003.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,672,644.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,502,839.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,453,758.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,342,575.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,301,893.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		341,713.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

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		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		286,416.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		240,133.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		195,024.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		176,831.	PHARMACEUTICALS, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		67,073.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		26,812.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		23,451.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		13,313.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,491,139.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		5,054,984.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,200,690.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,161,530.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		211,998.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		71,870.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		43,400.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		41,125.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		21,787.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		20,269.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		19,554.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		NORTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		17,272.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		4,013,798.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,339,602.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		491,836.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		448,902.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		355,067.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		269,527.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		175,560.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

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		RUSSIA AND THE NEWLY INDEPENDENT STATES	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		104,816.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		11,092.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,975.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		28,402,683.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		20,857,870.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,370,677.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,106,145.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		5,585,672.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		4,830,826.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

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		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,537,638.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,329,773.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,112,709.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,101,452.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,318,133.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,125,211.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		832,858.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		564,647.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		406,403.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE

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		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		316,021.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		253,653.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		156,481.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		119,230.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		112,914.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		88,089.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		79,206.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		57,435.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		57,105.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE

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		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		54,182.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		27,121.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		24,694.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		13,983.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		8,594.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,036.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		13,960,446.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,066,080.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		3,207,227.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

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		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,373,452.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,217,425.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,657,126.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,496,114.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,169,431.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		713,876.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		679,768.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		639,709.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		501,081.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		479,782.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		411,723.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		357,349.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		319,855.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		314,156.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		313,583.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		296,688.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		286,416.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		274,913.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		246,784.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		235,187.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		235,187.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		205,510.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		202,865.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		170,172.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		155,385.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		131,727.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		107,406.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		107,406.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		89,505.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		82,402.	PHARMACEUTICALS, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		60,228.	MEDICAL SUPPLIES	PURCHASED PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		45,735.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		35,802.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		17,289.	EQUIPMENT	PURCHASED PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		15,953.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		5,013.	MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		79,920,022.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		37,734,497.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		33,699,927.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		32,275,722.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		19,937,489.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		18,319,348.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		16,614,686.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		11,474,508.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		8,570,860.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

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		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,062,596.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		5,311,669.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		4,441,436.	PHARMACEUTICALS	ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,934,272.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,589,685.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		2,441,146.	PHARMACEUTICALS	ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,915,176.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,199,788.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		1,004,288.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL

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		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		819,848.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		812,398.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		795,118.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		790,830.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		769,708.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		731,079.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		720,234.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		680,311.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		670,704.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE

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		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		660,868.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		635,160.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		632,197.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		619,605.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		618,471.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		447,583.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		364,414.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		304,530.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		255,294.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

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		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		218,025.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		215,561.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		211,448.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		196,357.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		168,698.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		167,895.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		167,687.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		158,224.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		108,427.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE

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		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		104,993.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		94,971.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		77,436.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		71,612.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		59,717.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		55,722.	PHARMACEUTICALS	ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		40,832.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		40,412.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		30,287.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL

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		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		22,950.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		18,360.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		17,683.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		14,545.	MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		13,399.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		11,913.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		11,263.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		9,422.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		9,182.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		9,180.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		8,893.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		8,875.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		7,819.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		7,811.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		7,373.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		7,007.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,885.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,700.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,619.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,393.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		6,120.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		5,332.	EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		597,221.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING PRIMARY CARE CLINIC AND HOSPITAL HEALTH SYSTEMS	0.		26,560.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* ☒ Yes ☐ No

Schedule F (Form 990) 2016

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

EXCEPT IN CERTAIN EMERGENCY RESPONSE SITUATIONS WHERE THE TIMELINESS OF

OUR RESPONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN MEMORANDUMS OF

UNDERSTANDING OUTLINING THE RESPONSIBILITIES OF DIRECT RELIEF AND THE

GRANTEE. REPORTING BY THE GRANTEE VARIES BASED ON THE SIZE, SCOPE, AND

TYPE OF PROGRAM, RANGING FROM MONTHLY, QUARTERLY, OR ANNUAL REPORTING,

WITH A FINAL REPORT DUE UPON COMPLETION OF THE PROJECT. DIRECT RELIEF

ALSO HAS THE RIGHT TO AND DOES MAKE SITE VISITS TO GRANTEES TO ENSURE

COMPLIANCE WITH THE PROJECT PROPOSAL; THIS IS ESPECIALLY THE CASE WHEN IT

COMES TO THE MONITORING OF OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE

SITUATIONS.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DR WOMEN (event type)	YOUTH 4 DIRECT RELIEF (event type)	1 (total number)	
Revenue	1 Gross receipts	149,875.	23,270.	3,400.	176,545.
	2 Less: Contributions	149,875.	23,270.	3,400.	176,545.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	11,066.			11,066.
	8 Entertainment				
	9 Other direct expenses	8,570.	3,283.		11,853.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,919.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-22,919.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS HEALTH LOUISIANA 2900 INDIANA AVENUE KENNER, LA 70065	47-0852944	501C3	250,000.	0.			FLOOD RELIEF AND RECOVERY SUPPORT
LOUISIANA PRIMARY CARE ASSOCIATION 503 COLONIAL DRIVE BATON ROUGE, LA 70806	72-1040949	501C3	150,000.	0.			FLOOD RELIEF AND RECOVERY SUPPORT
GOSHEN MEDICAL CENTER 412 SW CENTER STREET FAISON, NC 28341	56-1209062	501C3	125,000.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035	13-3273402	501C3	112,500.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
SANTA BARBARA NEIGHBORHOOD CLINICS 915 N MILPAS STREET SANTA BARBARA, CA 93103	77-0496382	501C3	102,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
COMM HEALTH & SOCIAL SERV CTR, INC 5635 WEST FORT STREET DETROIT, MI 48043	38-3094394	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 824.

3 Enter total number of other organizations listed in the line 1 table ▶ 1.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE FAMILY HEALTHCARE 2570 US HIGHWAY 9W, #10 CORNWALL, NY 12518	06-1036715	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
FIRST CHOICE HEALTH CENTERS, INC. 94 CONNECTICUT BLVD EAST HARTFORD, CT 06108	06-1416492	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
HENRY J AUSTIN HEALTH CENTER 321 N WARREN STREET TRENTON, NJ 08618	22-2682708	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
LANA'I COMMUNITY HEALTH CENTER PO BOX 630142 LANA'I CITY, HI 96763	20-2509287	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
MARY'S CTR FOR MATERNAL/CHILD CARE 2333 ONTARIO ROAD, NW WASHINGTON, DC 20009	52-1594116	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
RAPHAEL HEALTH CENTER 401 EAST 34TH STREET INDIANAPOLIS, IN 46205	35-1948768	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
THE DAILY PLANET 517 W GRACE STREET RICHMOND, VA 23220	54-0900368	501C3	100,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
PRIM CARE PROV - HEALTHY FELICIANA 11990 JACKSON STREET CLINTON, LA 70722	72-1443732	501C3	86,000.	0.			FLOOD RELIEF AND RECOVERY SUPPORT
SOUTHEAST COMMUNITY HEALTH SYSTEMS 6351 MAIN STREET ZACHARY, LA 70791	72-1212880	501C3	59,000.	0.			FLOOD RELIEF AND RECOVERY SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. GABRIEL HEALTH CLINIC 5760 MONTICELLO STREET SAINT GABRIEL, LA 70776	72-1241592	501C3	51,000.	0.			FLOOD RELIEF AND RECOVERY SUPPORT
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501C3	50,000.	0.			TEVA VIM ENHANCING ACCESS2CARE
VOLUNTEERS IN MEDICINE - SAN FRANCISCO - 4877 MISSION STREET - SAN FRANCISCO, CA 94112	26-2593712	501C3	42,000.	0.			TEVA VIM ENHANCING ACCESS2CARE
CABIN CREEK HEALTH SYSTEMS C/O AMBER CRIST DAWES, WV 25054	55-0709223	501C3	40,000.	0.			FLOOD & STORM RECOVERY SUPPORT
EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD, STE E EUNICE, LA 70535	27-0213992	501C3	35,000.	0.			FLOOD RELIEF AND RECOVERY SUPPORT
VOLUNTEERS IN MEDICINE SO NEVADA 1240 N MARTIN L KING BLVD LAS VEGAS, NV 89106	39-2072453	501C3	30,000.	0.			TEVA VIM ENHANCING ACCESS2CARE
REFUAH HEALTH CENTER 728 NORTH MAIN STREET SPRING VALLEY, NY 10977	13-3652555	501C3	26,000.	0.			HURRICANE PREPAREDNESS GRANT
VOLUNTEERS IN MEDICINE BERKSHIRES INC. - 777 MAIN STREET - GREAT BARRINGTON, MA 01230	90-0140004	501C3	25,000.	0.			TEVA VIM ENHANCING ACCESS2CARE
ZUFALL HEALTH CENTER 18 WEST BLACKWELL STREET DOVER, NJ 07801	22-3125397	501C3	24,000.	0.			HURRICANE PREPAREDNESS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALLEN-LORDE COMMUNITY HLTH CTR 356 WEST 18TH STREET NEW YORK, NY 10011	13-3409680	501C3	23,000.	0.			HURRICANE PREPAREDNESS GRANT
BLACKSTONE VALLEY COMM HEALTH CARE 39 EAST AVENUE PAWTUCKET, RI 02860	51-0183476	501C3	15,000.	0.			VASELINE HEALING MISSION CLINIC SUPPORT
JEWISH RENAISSANCE MEDICAL CTR 275 HOBART STREET PERTH AMBOY, NJ 08861	22-3780067	501C3	13,000.	0.			HURRICANE PREPAREDNESS GRANT
ST GABRIEL COMMUNITY HEALTH CTR 5760 MONTICELLO STREET ST GABRIEL, LA 70776	72-1241592	501C3	10,000.	0.			FLOOD RELIEF AND RECOVERY SUPPORT
THE FLOATING HOSPITAL, INC. 41-40 27TH STREET LONG ISLAND CITY, NY 11101	13-1624169	501C3	5,500.	0.			HURRICANE PREPAREDNESS GRANT
HUDSON RIVER HEALTHCARE, INC. 1037 MAIN STREET PEEKSKILL, NY 10566-2913	13-2828349	501C3	5,000.	0.			HURRICANE PREPAREDNESS GRANT
FIRE SERVICES TRAINING INSTITUTE NICHOLSON & SCHWARTZ SANTA BARBARA, CA 93101	20-5793662	501C3	5,000.	0.			AWARE AND PREPARE PROGRAM GRANT
NC MEDASSIST 4428 TAGGART CREEK ROAD, SUITE 101 CHARLOTTE, NC 28208	56-2018957	501C3	0.	10,788,070.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELVISTA 121 GREYSTONE BLVD COLUMBIA, SC 29210	56-2034627	501C3	0.	7,867,841.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SULZBACHER HEALTH CENTER 611 EAST ADAMS STREET JACKSONVILLE, FL 32202	59-3229898	501C3	0.	2,672,549.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANCARE OF FLORIDA, INC. 1612 FRANKFORD AVENUE PANAMA CITY, FL 32401	91-2189932	501C3	0.	2,641,634.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501C3	0.	1,538,028.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH 13245 KESSLER ROAD CAIRO, IL 62914	37-1100482	501C3	0.	1,507,595.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARING COMMUNITY CLINIC 200 DOCTORS DRIVE, STE M JACKSONVILLE, NC 28546	56-1705813	501C3	0.	1,500,909.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RKM PRIMARY CARE 11990 JACKSON STREET CLINTON, LA 70722	72-1443732	501C3	0.	1,469,063.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DBA VIRGINIA B. ANDES VOLUNTEER 21297 OLEAN BLVD UNIT B PORT CHARLOTTE, FL 33952	65-0958642	501C3	0.	1,317,511.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROHEALTH RURAL HEALTH SERVICES, IN - 1325 WEST MAIN STREET - FRANKLIN, TN 37064	62-1779945	501C3	0.	1,297,437.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST VINCENT DE PAUL 1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501C3	0.	1,293,378.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUMAN MEDICAL CENTERS 2301 HOLMES STREET KANSAS CITY, MO 64108	44-0661018	501C3	0.	1,202,814.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JEFFERSON COMPREHENSIVE HEALTH 405 MAIN STREET FAYETTE, MS 39069	64-0667610	501C3	0.	1,169,646.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501C3	0.	1,168,461.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GASTON FAMILY HEALTH SERVICES, INC. - 991 W. HUDSON BLVD - GASTONIA, NC 28052	58-1958398	501C3	0.	1,118,574.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZON HEALTH CARE, INC. 109 NORTH MAIN STREET HOWARD, SD 57349	46-0341255	501C3	0.	1,116,406.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEMO HEALTH NETWORK 311 MAIN STREET NEW MADRID, MO 63869	43-1253101	501C3	0.	1,074,373.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH OF EAST 130 INDEPENDENCE LN. LAFOLLETTE, TN 37766	58-1470587	501C3	0.	1,074,183.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH SERVICES, INC. 1845 CHERRY STREET MONTGOMERY, AL 36106	63-0568762	501C3	0.	1,047,995.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UPPER VALLEY COMMUNITY HEALTH SERVI - 20 NORTH 3RD EAST - SAINT ANTHONY, ID 83445	82-0527562	501C3	0.	932,585.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MIAMI BEACH COMMUNITY HEALTH CENTER - 710 ALTON ROAD - MIAMI BEACH, FL 33139	59-1829984	501C3	0.	925,310.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	80-0308973	501C3	0.	922,557.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST CLINIC 25722 KINGSLAND BLVD., SUITE 101 KATY, TX 77494	35-2179708	501C3	0.	812,127.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNC HEALTH CARE 4400 EMPEROR BLVD DURHAM, NC 27703	56-1118388	GOVERNMENT ENTIT	0.	811,013.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ALLIANCE OF 1855 N. FAIR OAKS AVENUE PASADENA, CA 91103	95-4536824	501C3	0.	736,168.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS, INC. 12716 NE 36TH STREET SPENCER, OK 73084	73-0930123	501C3	0.	715,415.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOUR RIVERS HEALTH CARE 932 WEST IDAHO AVENUE ONTARIO, OR 97914	93-1304536	501C3	0.	686,575.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501C3	0.	681,695.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702	26-0036674	501C3	0.	662,693.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GOOD NEWS CARE CENTER 7855 SW 104TH STREET, STE. 210 MIAMI, FL 33156	59-0914210	501C3	0.	660,751.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPIDES PRIMARY HEALTH CARE CENTER 1217 WILLOW GLEN RIVER ROAD ALEXANDRIA, LA 71302	72-1252422	501C3	0.	653,816.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501C3	0.	653,254.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. GABRIEL EASTSIDE 5760 MONTICELLO STREET ST. GABRIEL, LA 70776	72-1241592	501C3	0.	649,927.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EXCELTH, INC. 1515 POYDRAS STREET, STE. 1070 NEW ORLEANS, LA 70112	72-1193464	501C3	0.	639,334.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLEAVER FAMILY WELLNESS CLINIC 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149	501C3	0.	637,630.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501C3	0.	635,510.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA HEALTH CARE 1129 NORTH MISSOURI AVENUE LAKELAND, FL 33805	59-1404594	501C3	0.	615,115.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA MSR. OSCAR A ROMERO 123 S ALVARADO STREET LOS ANGELES, CA 90057	95-3881333	501C3	0.	608,890.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CAMILLUS HEALTH CONCERN, INC. 336 NW 5TH STREET MIAMI, FL 33128	65-0063921	501C3	0.	604,604.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OAKLAND PRIMARY HEALTH SERVICES 46156 WOODWARD AVENUE PONTIAC, MI 48342	76-0710111	501C3	0.	603,216.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST MISSISSIPPI RURAL 5488 US HWY 49 HATTIESBURG, MS 39401	64-0625076	501C3	0.	600,734.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION OF MERCY ADMINISTRATION 22 S. MARKET STREET, SUITE 6D FREDERICK, MD 21701	86-0704883	501C3	0.	572,507.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA NEIGHBORHOOD CLINICS 915 N MILPAS STREET SANTA BARBARA, CA 93103	77-0496382	501C3	0.	567,165.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL CLINIC 420 W. WATKINS PHOENIX, AZ 85003	86-0096789	501C3	0.	562,232.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE PEOPLE'S CITY MISSION 401 N. 2ND STREET LINCOLN, NE 68508	26-3819766	501C3	0.	553,216.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH JEFFERSON COUNTY 1295 PEARL STREET BEAUMONT, TX 77701	74-6000291	GOVERNMENT ENTIT	0.	548,309.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST COMMUNITY HEALTH SYSTEMS 6351 MAIN STREET ZACHARY, LA 70791	72-1212880	501C3	0.	523,369.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GUADALUPE CLINIC 940 S. ST. FRANCIS WICHITA, KS 67211	20-1285208	501C3	0.	520,057.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE AVENUE NEW ORLEANS, LA 70117	45-3792193	501C3	0.	506,926.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN PACIFIC HEALTH CARE VENTURES 1530 HILLHURST AVENUE LOS ANGELES, CA 90027	95-4177752	501C3	0.	505,195.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CURTIS V. COOPER PRIMARY HEALTH 106 E BROAD ST SAVANNAH, GA 31401-2917	58-1136296	501C3	0.	498,918.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY OF COLORADO 13199 EAST MONTVIEW BLVD, SUITE 10 AURORA, CO 80045	84-6000555	501C3	0.	496,765.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 229 ST GEORGE GONZALES, TX 78629	74-1548089	501C3	0.	483,804.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CENTER 2135 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27101	58-1403699	501C3	0.	479,952.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROCREST COMMUNITY CLINIC ONE MEDICAL PARKWAY, STE.149 FARMERS BRANCH, TX 75234	75-2616002	501C3	0.	479,081.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLAGLER COUNTY FREE CLINIC 703 E. MOODY BLVD. BUNNELL, FL 32110	20-5036975	501C3	0.	463,109.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CAPE FEAR CLINIC, INC 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501C3	0.	463,023.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FUNDACION MANOS JUNTAS 1330 N. CLASSEN BLVD. SUITE 105 OKLAHOMA CITY, OK 73106	73-1523135	501C3	0.	460,305.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH WEST - LAVA CLINIC 85 SOUTH 5TH WEST LAVA HOT SPRINGS, ID 83246	82-0324100	501C3	0.	458,448.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH CENTER 151 NW 11 STREET HOMESTEAD, FL 33030	83-0375996	501C3	0.	457,743.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 2100 WEST 45TH STREET, SUITE A8 WEST PALM BEACH, FL 33407	26-3611337	501C3	0.	453,271.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD, STE. E EUNICE, LA 70535	27-0213992	501C3	0.	449,588.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RURAL MEDICAL SERVICE, INC. 207 MURRAY DRIVE NEWPORT, TN 37821	62-1102683	501C3	0.	441,822.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JERICHO ROAD COMMUNITY 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501C3	0.	432,637.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY HOSPITAL 2390 W CONGRESS STREET LAFAYETTE, LA 70506	46-2605366	501C3	0.	431,961.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CABIN CREEK HEALTH CENTER 5722 CABIN CREEK DRIVE DAWES, WV 25054	55-0709223	501C3	0.	418,631.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NOVA SCRIPTS CENTRAL INC 6400 ARLINGTON BLVD. #120 FALLS CHURCH, VA 22042	65-1275162	501C3	0.	418,174.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ZAREPHATH HEALTH CENTER 595 WESTON CANAL ROAD SOMERSET, NJ 08873	31-1812810	501C3	0.	416,491.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JACKSON-HINDS COMPREHENSIVE 3502 WEST NORTHSIDE DRIVE JACKSON, MS 39213	64-0506107	501C3	0.	411,662.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLAIBORNE COUNTY FAMILY HEALTH 2045 HIGHWAY 61 NORTH PORT GIBSON, MS 39150-4262	64-0651149	501C3	0.	408,989.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST VIRGINIA HEALTH RIGHT 1520 EAST WASHINGTON STREET CHARLESTON, WV 25311	31-1066881	501C3	0.	403,336.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY HEALTH NETWORK 55 PITT STREET SHARON, PA 16146	25-1381800	501C3	0.	402,914.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AGHABY COMPREHENSIVE 349 W. COMPTON BLVD COMPTON, CA 90220	46-2637814	501C3	0.	402,426.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501C3	0.	387,901.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102	59-3546884	501C3	0.	379,148.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HALEY CENTER 122 WEST CENTRAL AVENUE WINTER HAVEN, FL 33880	59-0766974	501C3	0.	375,720.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COVENANT COMMUNITY CARE 559 WEST GRAND BLVD DETROIT, MI 48216	38-3533998	501C3	0.	373,554.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPELIGHT MEDICAL CLINIC 1351 COLLYER STREET LONGMONT, CO 80501	46-4657471	501C3	0.	370,823.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT'S HOUSE CLINIC 2817 POST OFFICE STREET GALVESTON, TX 77550	74-1384864	501C3	0.	369,787.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEENEY 10687 FM 678 WHITESBORO, TX 76273	75-6002547	501C3	0.	369,250.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHEYENNE HEALTH AND WELLNESS CENTER - 2508 E. FOX FARM ROAD - CHEYENNE, WY 82007	87-0718984	501C3	0.	364,477.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER HICKORY COOPERATIVE 31 1ST AVENUE SE HICKORY, NC 28602	56-0934855	501C3	0.	364,278.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPHA CLINIC OF WEST GEORGIA 253 HIGHWAY 78 TEMPLE, GA 30179	27-1188932	501C3	0.	362,391.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTH MISSISSIPPI PRIMARY HEALTH CA - 15921 BOUNDARY DRIVE - ASHLAND, MS 38603	64-0686443	501C3	0.	360,513.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD MEDICAL 20 12TH AVE. NW ARDMORE, OK 73401	73-1509801	501C3	0.	360,255.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVENUE - COLUMBUS, OH 43215	27-0147099	501C3	0.	358,230.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITYHEALTH 2611 W. CHICAGO AVENUE CHICAGO, IL 60622	36-3831793	501C3	0.	355,910.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501C3	0.	355,770.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER KILLEEN FREE CLINIC 718 N. 2ND STREET, STE. A KILLEEN, TX 76541	74-2724725	501C3	0.	355,563.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATTHEW 25, INC. 413 EAST JEFFERSON BLVD. FORT WAYNE, IN 46802	35-1484951	501C3	0.	354,340.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY HEALTHCARE CENTERS 13570 NORTH MAIN STREET TRENTON, GA 30752	58-1410404	501C3	0.	354,016.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLNESS POINTE 1107 E. MARSHALL AVENUE LONGVIEW, TX 75601	75-2723993	501C3	0.	353,154.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEART OF FLORIDA HEALTH CENTER 203 E. SILVER SPRINGS BLVD, #101 OCALA, FL 34470	59-3060378	501C3	0.	339,380.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERDS CARE MEDICAL CLINIC 304 PONY ROAD ZEBULON, NC 27597	26-2757593	501C3	0.	338,108.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHSHORE HEALTH CENTERS 3564 SCOTTSDALE STREET PORTAGE, IN 46368	35-2028588	501C3	0.	335,464.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITRUS HEALTH NETWORK, INC. 4175 W 20TH AVE HIALEAH, FL 33012-5874	59-1865751	501C3	0.	326,559.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAWTON COMMUNITY HEALTH CENTER 5404 SW LEE BOULEVARD LAWTON, OK 73505	26-0187688	501C3	0.	326,499.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MED ASSIST 7250 NW EXPRESSWAY OKLAHOMA CITY, OK 73132	73-1360208	501C3	0.	323,930.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENLA MEDICATION ACCESS PROGRAM 1101 4TH STREET, SUITE 203 ALEXANDRIA, LA 71301	02-0751416	501C3	0.	322,819.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH 617 SOUTH 8TH STREET NASHVILLE, TN 37206	62-1032792	501C3	0.	319,691.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH STREET ARLINGTON, TX 76010	75-2354962	501C3	0.	312,796.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FREE CLINIC OF FRANKLIN COUNTY 1171 FRANKLIN STREET ROCKY MOUNT, VA 24151	54-1634138	501C3	0.	311,848.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH CENTRAL PRIMARY CARE CENTER 406 WEST 5TH STREET OCILLA, GA 31774	58-2019024	501C3	0.	308,243.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MORTON COMPREHENSIVE HEALTH 1334 N LANSING AVE TULSA, OK 74106-5907	73-1177858	501C3	0.	303,418.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROCK HUGHES FREE CLINIC 450 WEST MONROE STREET WYTHEVILLE, VA 24382	20-2353144	501C3	0.	300,374.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP IV-Y 921 TERRY AVE SEATTLE, WA 98104	91-1019655	501C3	0.	297,670.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR URBAN MINISTRIES 1390 CAPITAL BLVD RALEIGH, NC 27603	58-1422700	501C3	0.	290,234.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST, SUITE A GREENWOOD, MS 38930	20-0069223	501C3	0.	288,849.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH'S/CANDLER HEALTH 11705 MERCY BLVD. SAVANNAH, GA 31419	58-2288758	501C3	0.	279,766.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA CLARA COUNTY 725 E. SANTA CLARA STREET #202 SAN JOSE, CA 95112	94-6400533	GOVERNMENT ENTIT	0.	277,231.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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G. A. CARMICHAEL 1668 WEST PEACE STREET CANTON, MS 39046-0588	64-0580940	501C3	0.	274,384.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANDERSON FREE CLINIC 414 NORTH FANT STREET ANDERSON, SC 29621	57-0787584	501C3	0.	271,613.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO SAN VICENTE 8061 ALAMEDA AVENUE EL PASO, TX 79915	74-2505561	501C3	0.	270,532.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VISTA COMMUNITY HEALTH CENTER 14117 HUBBARD STREET, SUITE M SYLMAR, CA 91342	45-4642549	501C3	0.	269,476.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP HEALTH CENTER 520 GRIFFIN AVENUE VALDOSTA, GA 31601	58-2405825	501C3	0.	265,707.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 3011 N. MICHIGAN PITTSBURG, KS 66762	75-3002264	501C3	0.	264,877.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BREAD OF HEALING CLINIC 1821 NORTH 16TH STREET MILWAUKEE, WI 53205	81-0669867	501C3	0.	264,297.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHWEST BOULEVARD 300 SOUTHWEST BLVD. KANSAS CITY, KS 66103	48-1067752	501C3	0.	259,848.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GULF COAST HEALTH CENTER 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501C3	0.	255,877.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501C3	0.	251,276.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA MARIA'S CHILDREN AND FAMILY 9209 COLIMA ROAD, SUITE 4400 WHITTIER, CA 90605	27-1879748	501C3	0.	251,257.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501C3	0.	250,924.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS HEALTH CLINIC 3921 W GREEN OAKS BLVD, SUITE D ARLINGTON, TX 76016	45-0621201	501C3	0.	250,020.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA ESPERANZA 60 VALLEY STREET PROVIDENCE, RI 02909	26-1714340	501C3	0.	249,397.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA COUNTY EXECUTIVE 105 EAST ANAPAMU STREET, SUITE 3 SANTA BARBARA, CA 93103	95-6002833	GOVERNMENT ENTIT	0.	245,730.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPKINS COUNTY COMMUNITY CLINIC 638 N. FRANKLIN STREET MADISONVILLE, KY 42431	06-1710391	501C3	0.	244,020.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD MINISTRIES OF OKLAHOM - 222 NW 12TH STREET - OKLAHOMA CITY, OK 73103	20-0526892	501C3	0.	243,362.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OZANAM CHARITABLE PHARMACY 109 S. CEDAR STREET MOBILE, AL 36602	72-1386236	501C3	0.	239,854.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTHERN NECK FREE HEALTH CLINIC 51 WILLIAM B. GRAHAM COURT KILMARNOCK, VA 22482	54-1679279	501C3	0.	239,091.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT HEALTH, INC. 1425 SOUTH US 301 SUMTERVILLE, FL 33585	59-1664577	501C3	0.	237,626.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLEARWATER FREE CLINIC 707 NORTH FT. HARRISON AVENUE CLEARWATER, FL 33755	59-1852871	501C3	0.	236,598.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH CLINIC 5334 ASPEN STREET NEW PORT RICHEY, FL 34652	59-3072334	501C3	0.	234,222.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HIV-AIDS ALLIANCE FOR REGION TWO 3801 NORTH BLVD. BATON ROUGE, LA 70806	72-1283359	501C3	0.	230,532.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901	71-0863639	501C3	0.	226,695.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE SOUTH 3140 FLORIDA BLVD. BATON ROUGE, LA 70806	72-1395500	501C3	0.	224,387.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL DORADO COUNTY 4327 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667	42-1533531	501C3	0.	224,367.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLORIDA DIABETES CAMP 1699 SW 16TH AVE GAINESVILLE, FL 32608	23-7098099	501C3	0.	219,623.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LAGUNA BEACH COMMUNITY CLINIC 362 THIRD STREET LAGUNA BEACH, CA 92651	95-2637633	501C3	0.	219,083.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DAVID RAINES COMMUNITY HEALTH CENTE - 1625 DAVID RAINES ROAD - SHREVEPORT, LA 71107	58-2000630	501C3	0.	218,857.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ITHACA HEALTH ALLIANCE 521 WEST SENECA STREET ITHACA, NY 14850	90-0192978	501C3	0.	217,978.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHLAND COMMUNITY HEALTH CENTER 104 N. MAIN STREET TURTLE LAKE, ND 58575	33-1029318	501C3	0.	215,462.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF 301 N. CAMERON STREET, STE. #100 WINCHESTER, VA 22601	54-1373296	501C3	0.	215,363.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH SERVICES OF NORTH TEXAS 4401 N I-35, SUITE 312 DENTON, TX 76207	75-2252866	501C3	0.	209,791.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VERNON J. HARRIS EAST END CHC 2025 E. MAIN STREET RICHMOND, VA 23223	54-1884190	501C3	0.	209,711.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SMITH MEDICAL CLINIC 99 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501C3	0.	208,468.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP JOSLIN 150 RICHARDSONS CORNER RD. CHARLTON, MA 01507	22-2701822	501C3	0.	206,889.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH ALLIANCE 1055 S. WELLS AVENUE RENO, NV 89502	88-0293149	501C3	0.	206,347.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREASURE COAST COMMUNITY HEALTH 12196 COUNTY ROAD 512 FELLSMERE, FL 32948	59-3219191	501C3	0.	205,169.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER PRINCE WILLIAM 4379 RIDGEWOOD CENTER DRIVE WOODBIDGE, VA 22192	83-0435138	501C3	0.	201,770.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH CENTRAL NURSING CLINICS 901 PRINCE WILLIAM ROAD, SUITE A DELPHI, IN 46923	26-1553382	501C3	0.	201,697.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST REFUGE MINISTRIES MEDICAL CLI - 1701 BROADWAY STREET - DENTON, TX 76201	45-5606427	501C3	0.	201,696.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROTHER BILL'S HELPING HAND 3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501C3	0.	196,254.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAROLINA FAMILY HEALTH CENTERS 303 EAST GREEN STREET WILSON, NC 27893	58-2079819	501C3	0.	196,077.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTELOPE VALLEY COMMUNITY CLINIC 45074 10TH STREET WEST, SUITE 109 LANCASTER, CA 93534	26-0574826	501C3	0.	190,194.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROCK SPRINGS CLINIC 211 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501C3	0.	189,055.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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OUTREACH HEALTH SERVICES, INC. 130 NORTH HIGH STREET SHUBUTA, MS 39360	64-0736857	501C3	0.	186,800.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DAVIDSON MEDICAL MINISTRIES CLINIC 420 N. SALISBURY STREET LEXINGTON, NC 27292	56-1746266	501C3	0.	185,214.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLAND COUNTY MEDICAL CLINIC 12301 GRAPEFIELD ROAD BASTIAN, VA 24314	54-1074890	501C3	0.	184,577.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRINCE WILLIAM AREA FREE CLINIC 13900 CHURCH HILL DRIVE WOODBIDGE, VA 22191	54-1619202	501C3	0.	182,111.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANOKE CHOWAN 120 HEALTH CENTER ROAD AHOSKIE, NC 27910	42-1638714	501C3	0.	181,206.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFE HARBOR FREE CLINIC 7209 265TH SUITE 204 STANWOOD, WA 98292	26-3825107	501C3	0.	180,673.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JUNIPER HEALTH, INC. 265 HWY 15 SOUTH, SUITE 3 JACKSON, KY 41339	04-3779582	501C3	0.	178,829.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS HEALTH LOUISIANA 843 MILLING AVENUE LULING, LA 70070	47-0852944	501C3	0.	177,858.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SIERRA HEALTH CENTER-FULLERTON 501 S. BROOKHURST ROAD FULLERTON, CA 92833	95-3447973	501C3	0.	177,417.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ANNE KASTOR BROOKLYN FREE CLINIC 450 CLARKSON AVENUE BROOKLYN, NY 11203	11-1704590	501C3	0.	175,505.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PHOENIX CHILDREN'S HOSPITAL/CAMP HO - 1919 E THOMAS RD, AMBULATORY BUILD - PHOENIX, AZ 85016	86-0422559	501C3	0.	174,588.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GHCAA DBA CAPNCM 1506 OKLAHOMA AVENUE TRENTON, MO 64683	43-0828205	501C3	0.	174,239.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BOULEVARD AVENAL, CA 93204	77-0425496	501C3	0.	172,678.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ICNA RELIEF USA PROGRAMS INC 1092 JOHNNIE DODDS BLVD, SUITE 108 MOUNT PLEASANT, SC 29464	04-3810161	501C3	0.	172,019.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING HANDS MINISTRIES 8515 GREENVILLE AVENUE, SUITE #N-1 DALLAS, TX 75243	65-1259379	501C3	0.	170,169.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
QUEENSCARE FAMILY CLINICS 950 SOUTH GRAND AVENUE LOS ANGELES, CA 90015	95-3702136	501C3	0.	169,254.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501C3	0.	167,311.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIVERSITY HEALTH CENTER, INC. 213 NORTH MCDONALD STREET LUDOWICI, GA 31316	20-5746618	501C3	0.	166,306.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FIRST BAPTIST MEDICAL/DENTAL 1607 CHERRY STREET VICKSBURG, MS 39181	64-0334158	501C3	0.	165,514.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501C3	0.	165,240.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OASIS OF HOPE CENTER 522 LEONARD STREET NW GRAND RAPIDS, MI 49504	20-2781312	501C3	0.	163,552.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARLINGTON FREE CLINIC 2921 S. 11TH STREET ARLINGTON, VA 22204	54-1671883	501C3	0.	163,092.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JUDE NEIGHBORHOOD HEALTH CENTER - 731 S. HIGHLAND AVENUE - FULLERTON, CA 92832	45-3977605	501C3	0.	162,532.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG DENISON, TX 75020	81-0584983	501C3	0.	162,132.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE NETWORK OF SOUTHWEST FLO - 1454 MADISON AVENUE - IMMOKALEE, FL 34142	59-1741277	501C3	0.	161,809.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE ACCESS 330 MAINE LAWRENCE, KS 66044	48-1062114	501C3	0.	160,072.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
M-POWER MINISTRIES 4022 FOURTH AVENUE SOUTH BIRMINGHAM, AL 35222	31-1639601	501C3	0.	160,021.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BATON ROUGE PRIMARY CARE 2013 CENTRAL ROAD, SUITE B BATON ROUGE, LA 70801	41-2114148	501C3	0.	158,664.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
POCATELLO FREE CLINIC 429 WASHINGTON AVENUE POCATELLO, ID 83201	82-0351133	501C3	0.	156,262.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST MISSISSIPPI HEALTH CARE, 12 EAST BRUNSWICK AVE. BYHALIA, MS 38611	64-0620763	501C3	0.	155,435.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHATHAM CARES COMMUNITY PHARMACY 127 EAST RALEIGH STREET SILER CITY, NC 27344	41-2170926	501C3	0.	153,204.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HIGH HOPES/CAMP LITTLE OAK 82 PIXLEY RD CHENANGO FORKS, NY 13746	20-4621434	501C3	0.	152,220.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
J.C. LEWIS HEALTH CARE CENTER 125 FAHM STREET SAVANNAH, GA 31401	58-0827524	501C3	0.	151,977.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS CARROLL 10 DISTILLERY DRIVE, STE 200 WESTMINISTER, MD 21157	20-2146701	501C3	0.	151,418.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SYSTEMS, INC. 252 RURAL ACRES DRIVE BECKLEY, WV 25801	55-0490878	501C3	0.	150,217.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEIGHBOR COMMUNITY HEALTH CENT - 4321 41ST AVENUE - COLUMBUS, NE 68601	13-4249732	501C3	0.	149,623.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501C3	0.	148,708.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY RD SCOTTSVILLE, KY 42164	20-1789905	501C3	0.	148,189.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118	94-3186248	501C3	0.	147,307.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE CLINIC 2615 FANNIN HOUSTON, TX 77002	53-0196617	501C3	0.	145,999.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN STREET JOHNSTOWN, PA 15901	23-2922409	501C3	0.	143,315.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHWEST VIRGINIA 319 FIFTH AVENUE SALTVILLE, VA 24370-0729	54-2046110	501C3	0.	142,441.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH SERVICES 1422 B EAST 71ST STREET TULSA, OK 74136	73-1559561	501C3	0.	141,578.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501C3	0.	140,220.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HELPING HANDS CLINIC 34C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501C3	0.	138,200.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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VOLUNTEERS IN MEDICINE 41 EAST DUVAL STREET JACKSONVILLE, FL 32202	75-3002172	501C3	0.	137,666.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP VALOR 772 E 3300 S SUITE 210 SALT LAKE CITY, UT 84106	87-6127162	501C3	0.	136,025.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501C3	0.	135,956.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 802 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501C3	0.	135,455.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOHN'S WELL CHILD AND 808 WEST 58TH STREET LOS ANGELES, CA 90037	95-4067758	501C3	0.	135,066.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVENUE ST. LOUIS, MO 63111	23-7076112	501C3	0.	134,955.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCI CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501C3	0.	134,863.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH SERVICES 794 EASTLAND DR TWIN FALLS, ID 83301	82-0371093	501C3	0.	134,712.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR COMMUNITY 670 NINTH ST., SUITE 203 ARCATA, CA 95521	95-2671433	501C3	0.	133,705.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTHEASTERN OKLAHOMA 116 E. MAIN STREET HULBERT, OK 74441	73-1622831	501C3	0.	133,662.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL MEDICAL ACCESS PROJECT 2605 PARKWOOD DRIVE BRUNSWICK, GA 31520	01-0576945	501C3	0.	132,708.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS CLINIC 5252 N. MERIDIAN AVE., STE 101 OKLAHOMA CITY, OK 73112	73-1448149	501C3	0.	128,435.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH AND HOPE CLINIC, INC. 1718 EAST OLIVE ROAD PENSACOLA, FL 32514	26-4336638	501C3	0.	128,322.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE RESOURCE - MIAMI 3510 BISCAYNE BLVD., 2ND FLOOR MIAMI, FL 33137	59-2564198	501C3	0.	127,988.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501C3	0.	127,847.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ASSN. OF SPOKANE 203 NORTH WASHINGTON SUITE 300 SPOKANE, WA 99201	91-1641797	501C3	0.	127,005.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAIRVIEW COMMUNITY HEALTH CENTER 615 7TH AVE. BOWLING GREEN, KY 42101	61-1386859	501C3	0.	126,867.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE GREAT PHYSICIAN'S PHARMACY 1925 W. MAIN DURANT, OK 74701	73-0768828	501C3	0.	126,850.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ALBEMARLE HOSPITAL FOUNDATION 918 GREENLEAF STREET ELIZABETH CITY, NC 27909	43-2031990	501C3	0.	126,101.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KUDZU 5885 GLENRIDGE DR. SUITE 160 ATLANTA, GA 30328	58-2449646	501C3	0.	126,008.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOMELESS HEALTH CARE CENTER 730 EAST 11TH STREET CHATTANOOGA, TN 37403	62-6000636	501C3	0.	125,051.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COVE HOUSE FREE CLINIC 108 EAST HALSTEAD STREET COPPERAS COVE, TX 76522	74-2764062	501C3	0.	123,809.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTSMOUTH COMMUNITY HEALTH CENTER, - 3415 GRANBY STREET - NORFOLK, VA 23504	54-1626757	501C3	0.	122,360.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FLOATING HOSPITAL 41-40 27TH STREET LONG ISLAND CITY, NY 11101	13-1624169	501C3	0.	122,357.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. LUKE'S CLINIC 132 SEYMOUR AVENUE JACKSON, MI 49202	32-0038675	501C3	0.	121,926.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEALTH AND WELLNESS CENTER 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062	23-7351622	501C3	0.	121,505.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOND COMMUNITY HEALTH CENTER 1720 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	59-2426414	501C3	0.	120,135.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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WESTMINSTER FREE CLINIC 2103 MONTROSE AVENUE, STE. E MONTROSE, CA 91020	77-0563241	501C3	0.	120,082.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FORT BEND FAMILY HEALTH CENTER 400 AUSTIN STREET RICHMOND, TX 77469	74-1951476	501C3	0.	118,108.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH AND SOCIAL 5635 WEST FORT STREET DETROIT, MI 48209	38-3094394	501C3	0.	118,043.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
URBAN HEALTH PLAN, INC. 1065 SOUTHERN BLVD. BRONX, NY 10459	23-7360305	501C3	0.	117,935.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEARSKIN MEADOW SUMMER CAMP 5167 CLAYTON ROAD CONCORD, CA 94521	94-6003673	501C3	0.	117,448.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP WANNAKLOT 8800 ROSWELL ROAD SUITE 170 ATLANTA, GA 30350	58-1175625	501C3	0.	117,008.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOPLIN COMMUNITY CLINIC 701 S. JOPLIN STREET JOPLIN, MO 64801	43-1643962	501C3	0.	115,581.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE CARE OF SHELBY COUNTY - 124 NORTH OHIO AVENUE - SIDNEY, OH 45365	20-8479583	501C3	0.	115,358.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNION GOSPEL MISSION CLINIC 1300 NORTH 1ST STREET YAKIMA, WA 98901	23-7050061	501C3	0.	114,816.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FETTER HEALTH CENTER NETWORK 51 NASSAU STREET CHARLESTON, SC 29403	57-0604703	501C3	0.	114,434.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE MEDICAL & DENTAL CLINIC 111 MEADOW VIEW DRIVE CLEBURNE, TX 76033	75-2953856	501C3	0.	114,245.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS AND CROWN CLINIC 1008 NORTH MCKINLEY STREET OKLAHOMA CITY, OK 73106	73-1608071	501C3	0.	113,893.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEJEDA 910 SADDLEBACK ROAD STILLWATER, NJ 07875	22-0019138	501C3	0.	111,090.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEARTS AND HANDS CLINIC, INC. 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501C3	0.	110,793.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ATCHISON COMMUNITY HEALTH CLINIC, 1412 N 2ND STREET ATCHISON, KS 66002	26-4049382	501C3	0.	109,960.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FCYD CAMP UTADA 1995 WEST 9000 SOUTH WEST JORDAN, UT 84088	87-0642251	501C3	0.	109,637.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HEMOTION/CAMP OAKHURST 36611 MUDGE RANCH RD. COARSEGOLD, CA 93614	94-1638703	501C3	0.	109,558.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ABCLINIC FAMILY CARES, INC. 1084 INDUSTRIAL PKWAY SARALAND, AL 36571	81-2703805	501C3	0.	108,721.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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TROUP CARES CLINIC 301 MEDICAL DR., SUITE 501 LAGRANGE, GA 30240-4144	20-8176300	501C3	0.	107,901.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MCR HEALTH SERVICES, INC. 1515 26TH AVE. EAST BRADENTON, FL 34219	59-1773262	501C3	0.	107,590.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. MARTIN'S HEALTHCARE SERVICES 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501C3	0.	106,500.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE ATHENS NURSES CLINIC 240 NORTH AVENUE ATHENS, GA 30601	58-2490925	501C3	0.	106,372.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP CAREFREE 6340 QUADRANGLE DRIVE SUITE 50 CHAPEL HILL, NC 27517	56-1479260	501C3	0.	106,348.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION CORPORATION 700 FLOURNEY ROAD, SUITE 2A ALICE, TX 78332	74-1679824	501C3	0.	105,202.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNRISE COMMUNITY HEALTH 2930 11TH AVENUE EVANS, CO 80620	84-0613289	501C3	0.	105,011.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CENTER OF SOUTHEAST TEXAS 307 N. WILLIAM BARNETT AVE CLEVELAND, TX 77327	56-2508501	501C3	0.	104,649.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSINGS COMMUNITY CLINIC 10255 NORTH PENN AVENUE OKLAHOMA CITY, OK 73120	86-1115863	501C3	0.	103,749.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HOPE HEALTH CLINIC 1025 SANIBEL WAY, SUITE E LAGRANGE, KY 40031	45-2340606	501C3	0.	102,727.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHI - ST. VINCENT INTERFAITH CLINIC - 830 NORTH CREEK DRIVE - CONWAY, AR 72032	71-0830696	501C3	0.	101,943.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH AWARENESS AND 1515 N. CLASSEN BLVD. OKLAHOMA CITY, OK 73106	82-0601092	501C3	0.	101,174.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TAMPA FAMILY HEALTH CENTER 1502 EAST FOWLER AVENUE TAMPA, FL 33612	59-2420282	501C3	0.	100,778.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH FOR ALL 3030 EAST 29TH STREET, SUITE 111 BRYAN, TX 77802	74-2624477	501C3	0.	100,523.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTROMED SOUTH PARK CLINIC PHARMAC - 6315 SOUTH ZARZAMORA - SAN ANTONIO, TX 78211	74-1787031	501C3	0.	100,141.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION IL 55 E. MONROE ST., SUITE 3420 CHICAGO, IL 60603	13-1623888	501C3	0.	99,956.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501C3	0.	99,927.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS OVER HEALTH CENTER 108 COWARDIN AVENUE RICHMOND, VA 23224	54-1371067	501C3	0.	99,358.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SOUTHEAST, INC. 16 W. LONG STREET COLUMBUS, OH 43215	31-0940189	501C3	0.	99,336.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEMOPHILIA CENTER 707 SW GAINES STREET, SUITE 1133 PORTLAND, OR 97239	93-0551733	501C3	0.	98,785.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TARZANA TREATMENT CENTER 8330 RESEDA BLVD NORTHRIDGE, CA 91324	94-2219349	501C3	0.	97,372.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH & WELLNESS CENTER 1505 E. MAIN, SUITE A STIGLER, OK 74462	20-0368759	501C3	0.	97,140.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTER OF CLARK COUNT - 1319 DUNCAN AVENUE - JEFFERSONVILLE, IN 47130	35-1842342	501C3	0.	96,613.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPITAL CITY RESCUE MISSION FREE 259 SOUTH PEARL STREET ALBANY, NY 12202	56-2663290	501C3	0.	95,900.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC OF DARE 425 HEALTH CENTER DRIVE NAGS HEAD, NC 27959	20-2230717	501C3	0.	95,713.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 13275 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787	59-1480970	501C3	0.	95,190.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MUSLIM COMMUNITY CENTER 7600 GLENVIEW DRIVE RICHLAND HILLS, TX 76180-8341	75-2580088	501C3	0.	95,091.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HIGHLAND MEDICAL CENTER 120 JACKSON RIVER ROAD MONTEREY, VA 24465	54-1652356	501C3	0.	94,464.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTH'S PLACE CLINIC 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501C3	0.	93,968.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRIDGES TO HEALTH 1251 WEST KEM ROAD MARION, IN 46952	20-5405181	501C3	0.	92,749.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENINSULA INSTITUTE 4714 MARSHALL AVE NEWPORT NEWS, VA 23607-2247	54-1083954	501C3	0.	92,343.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DENVER INDIAN HEALTH AND FAMILY 1633 FILLMORE ST. GL1 DENVER, CO 80206	84-0724261	501C3	0.	91,775.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SEALE HARRIS 500 CHASE PARK SOUTH, SUITE 104 BIRMINGHAM, AL 35244	63-1091899	501C3	0.	91,078.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREE OF LIFE MEDICAL MISSIONS, INC. - 1970 UNIVERSITY AVENUE - RIVERSIDE, CA 92507	46-1660806	501C3	0.	90,759.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MAMOU HEALTH RESOURCES 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501C3	0.	90,447.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 1240 NORTH MARTIN LUTHER KING BLVD LAS VEGAS, NV 89106	39-2072453	501C3	0.	89,670.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SNAKE RIVER COMMUNITY CLINIC 215 TENTH STREET LEWISTON, ID 83501	31-1726460	501C3	0.	89,504.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 1039 SOUTH DUCHESNE ST. CHARLES, MO 63301	43-1791543	501C3	0.	89,178.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP CONRAD-CHINNOCK 4700 JENKS LAKE ROAD, EAST ANGELUS OAKS, CA 92305	95-3897543	501C3	0.	88,931.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF NEWTON ONE WILSON DRIVE SPARTA, NJ 07871	45-4224214	501C3	0.	88,305.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP WARREN 1725 W. HARRISON, SUITE 809 CHICAGO, IL 60612	36-2390156	501C3	0.	88,090.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BIG SPRINGS MEDICAL ASSOCIATION 110 SOUTH SECOND STREET ELLINGTON, MO 63638	43-1068291	501C3	0.	87,990.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515	56-2114681	501C3	0.	87,469.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501C3	0.	87,315.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CYN AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501C3	0.	86,318.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BROWNSVILLE COMMUNITY HEALTH CENTER - 191 EAST PRICE ROAD - BROWNSVILLE, TX 78521	74-2176836	501C3	0.	86,062.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATAGORDA EPISCOPAL 101 AVENUE F NORTH BAY CITY, TX 77414	20-0537948	501C3	0.	85,809.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARRISONBURG-ROCKINGHAM FREE CLINIC - 25 WEST WATER STREET - HARRISONBURG, VA 22801	54-1568909	501C3	0.	85,699.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRINITY CLINIC OF CALVIN 507 4TH STREET CALVIN, OK 74531	62-0535346	501C3	0.	84,489.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALAMEDA COUNTY HEALTH CARE 386 # 14TH STREET OAKLAND, CA 94612	94-6000501	501C3	0.	83,885.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE MOORESVILLE, NC 28115	20-1020941	501C3	0.	83,686.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INHEALTH COMMUNITY WELLNESS FREE CL - 109 EAST BLUFF STREET - BOSCOBEL, WI 53805	33-1170597	501C3	0.	82,766.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BERGEN VOLUNTEER MEDICAL 75 ESSEX STREET HACKENSACK, NJ 07601	20-2633437	501C3	0.	82,717.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501C3	0.	82,587.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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VOLUSIA VOLUNTEERS IN MEDICINE 113 LOCKHART STREET DAYTONA BEACH, FL 32114	47-1005976	501C3	0.	81,937.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE CLINIC 900 N FRANKLIN AVENUE NORMAL, IL 61761	37-1316328	501C3	0.	81,664.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR. BLD #8 ROUND ROCK, TX 78681	27-2901548	501C3	0.	81,351.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEDIPLACE 502 S. OLD ORCHARD, STE. 126 LEWISVILLE, TX 75067	75-2512752	501C3	0.	80,954.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STREET LEVEL HEALTH PROJECT 3125 E 15TH STREET OAKLAND, CA 94601	56-2324355	501C3	0.	80,653.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALCORN STATE UNIVERSITY 15 CAMPUS DRIVE NATCHEZ, MS 39120	64-6000013	501C3	0.	79,733.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENOBSCOT COMMUNITY HEALTH CARE 103 MAINE AVENUE BANGOR, ME 04401	01-0514750	501C3	0.	79,049.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHITE BIRD CLINIC 341 E. 12TH AVENUE EUGENE, OR 97401	93-0585814	501C3	0.	78,744.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY ROAD FISHERSVILLE, VA 22939	54-1651896	501C3	0.	77,902.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD ROAD CONCORD, NC 28025	58-2131301	501C3	0.	77,790.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
1ST CHOICE HEALTHCARE 1300 CREASON ROAD CORNING, AR 72422	71-0715998	501C3	0.	77,576.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
URBAN HEALTH AND WELLNESS 497 WINN WAY DECATUR, GA 30030	27-0000606	501C3	0.	77,419.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL VIRGINIA HEALTH SERVICES IN - 25892 JAMES MADISON HIGHWAY - NEW CANTON, VA 23123	54-0887287	501C3	0.	77,062.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EISNER HEALTH 1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015	95-1690966	501C3	0.	76,721.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL COMMUNITY HEALTH SERVICES, 106 SHOPPERS WAY, STE. 1 BRUNSWICK, GA 31525	46-1859206	501C3	0.	75,678.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF OAK RIDGE, 116 EAST DIVISION ROAD OAK RIDGE, TN 37830	90-0715369	501C3	0.	75,645.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONE80 PLACE 35 WALNUT STREET CHARLESTON, SC 29403	57-0789483	501C3	0.	75,403.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KATY TRAIL COMMUNITY HEALTH CENTER 821 WESTWOOD DRIVE SEDALIA, MO 65301	43-1879853	501C3	0.	75,119.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ALL CARE ONE 7300 SANTA FE AVENUE HUNTINGTON PARK, CA 90255	27-2701910	501C3	0.	74,832.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST VALLEY COMMUNITY HEALTH CENTER - 276 W. COLLEGE STREET - WEST COVINA, CA 91723	23-7068586	501C3	0.	74,716.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHREACH COMMUNITY 10 WATER STREET, SUITE 305 WATERVILLE, ME 04901	01-6023664	501C3	0.	74,213.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSON CITY COMMUNITY HEALTH CENTE - 2151 CENTURY LANE - JOHNSON CITY, TN 37604	62-6021046	501C3	0.	74,170.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UT HEALTH SCIENCE CENTER SAN ANTONI - 7703 FLOYD CURL, MC 7810 - SAN ANTONIO, TX 78229	76-0661966	501C3	0.	73,460.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP COURAGE NORTH 37569 N. COURAGE DR. LAKE GEORGE, MN 56458	41-1543013	501C3	0.	73,103.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 SW 216TH STREET MIAMI, FL 33190	59-1372690	501C3	0.	72,746.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHIPPEWA VALLEY FREE CLINIC 816 PORTER AVENUE EAU CLAIRE, WI 54701	39-1840231	501C3	0.	72,588.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501C3	0.	72,376.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LA ESPERANZA CLINIC 1610 S. CHADBOURNE SAN ANGELO, TX 76903	74-2699762	501C3	0.	72,006.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051	39-1743056	501C3	0.	71,499.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROSA CLARK MEDICAL CLINIC 210 SOUTH OAK STREET SENECA, SC 29678	58-6076010	501C3	0.	71,363.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BLVD. STE 100 FREDERICKSBURG, VA 22401	54-1677934	501C3	0.	70,917.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SETEBAID SERVICES, INC. 1157 WESTBRANCH HIGHWAY WINFIELD, PA 17889	23-2979076	501C3	0.	70,600.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOUNDARY REGIONAL 30410 HWY 200 PONDERAY, ID 83852	04-3634356	501C3	0.	69,411.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE PARTNERSHIP 466 SOUTH BELLVIEW MESA, AZ 85204	86-0844208	501C3	0.	68,609.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD, SC 29926	57-0959206	501C3	0.	68,544.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CARE OF NORTHWEST OHI - 1052 S. WASHINGTON STREET - VAN WERT, OH 45891	34-1977316	501C3	0.	68,385.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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N.E.W. COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501C3	0.	68,150.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RITTER CENTER 16 RITTER STREET SAN RAFAEL, CA 94901	94-2675517	501C3	0.	68,072.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OASIS FREE CLINICS 66 BARIBEAU DRIVE, STE. 1 BRUNSWICK, ME 04011	01-0497587	501C3	0.	67,724.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEND MEDICAL CLINIC 10641 N SAN FERNANDO RD PACOIMA, CA 91331	23-7306337	501C3	0.	67,446.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501C3	0.	66,738.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VICTORY JUNCTION CAMP 4500 ADAM'S WAY RANDLEMAN, NC 27317	56-2215292	501C3	0.	66,536.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY CARE OF SOUTHWEST GEORGIA 360 COLLEGE ST BLAKELY, GA 39823-2554	31-1840668	501C3	0.	66,331.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ACCESS, INCORPORATED 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501C3	0.	66,140.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GALES CREEK CAMP 1100 NE 28TH AVE. #106 PORTLAND, OR 97232	93-6010464	501C3	0.	65,736.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LOS ANGELES CHRISTIAN 311 WINSTON STREET LOS ANGELES, CA 90013	95-4315734	501C3	0.	64,916.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GAIN, INC 712 W 3RD STREET LITTLE ROCK, AR 72201	71-0763418	501C3	0.	64,855.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAYOU CLINIC 13833 TAPIA LANE BAYOU LA BATRE, AL 36509	63-1270951	501C3	0.	64,422.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HERTKO HOLLOW 501 GRAND AVE DES MOINES, IA 50309	76-0717999	501C3	0.	64,292.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEA MAR COMMUNITY HEALTH CENTERS 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108	91-1020139	501C3	0.	63,400.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARTIN LUTHER KING JR. 2922 - B MARTIN LUTHER KING BLVD DALLAS, TX 75215	75-2098992	501C3	0.	63,161.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEXAS LIONS CAMP 4100 SAN ANTONIO HWY KERVILLE, TX 78028	74-1189679	501C3	0.	63,092.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE FOR THE HOMELESS 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501C3	0.	62,121.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD #5 OAKLAND, CA 94603	26-2583954	501C3	0.	62,051.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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THE PAINTED TURTLE 1300 4TH STREET SANTA MONICA, CA 90401	95-4612481	501C3	0.	61,943.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION MEDICAL CLINIC 2125 E. LA SALLE STREET COLORADO SPRINGS, CO 80909	68-0506812	501C3	0.	61,939.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE COUNTY PRIMARY CARE 710 CARL PARKINS PARKWAY TIPTONVILLE, TN 38079	62-1026947	501C3	0.	61,882.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOUSTON AREA COMMUNITY HEALTH 2150 W. 18TH STREET HOUSTON, TX 77008	76-0549240	501C3	0.	61,593.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRANT PARK CLINIC 1340 BOULEVARD SE ATLANTA, GA 30315	58-1577640	501C3	0.	61,561.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VIETNAMESE COMMUNITY OF ORANGE COUN - 9862 CHAPMAN AVENUE, SUITE B - GARDEN GROVE, CA 92841	95-3403526	501C3	0.	61,542.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS, AL 35661	20-1624284	501C3	0.	61,379.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH CENTRAL FAMILY HEALTH CENTER 1109 E. VERNON AVE. LOS ANGELES, CA 90011	95-3877793	501C3	0.	61,370.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL FAMILY HEALTH CENTER 1025 A DIVISION STREET BILOXI, MS 39530	64-0592416	501C3	0.	61,246.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ALBRECHT FREE CLINIC 908 WASHINGTON STREET WEST BEND, WI 53095	39-1839654	501C3	0.	61,094.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALUD FAMILY HEALTH CENTERS 203 SOUTH ROLLIE AVE FORT LUPTON, CO 80621	84-0613540	501C3	0.	61,044.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAMBO MEMORIAL HEALTH CENTER 711 MAIN STREET ZANESVILLE, OH 43701	20-8814374	501C3	0.	60,746.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP LAKOTA 3834 COUNTY ROAD A ROSHOLT, WI 54473	13-1623888	501C3	0.	60,703.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MID DELTA HEALTH SYSTEMS 245 MADISON STREET CLARENDON, AR 72029	71-0638760	501C3	0.	60,564.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA COMUNIDAD HISPANA 731 W CYPRESS STREET KENNETT SQUARE, PA 19348	23-2041915	501C3	0.	60,510.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC AND CARE CENTER 2693 W. GRAND CHUTE BLVD. APPLETON, WI 54915	47-3031346	501C3	0.	60,259.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE FOR THE HOMELESS 1934 CAROLINE STREET HOUSTON, TX 77002	76-0647934	501C3	0.	59,889.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MQVN COMMUNITY DEVELOPMENT CORP 13085 CHEF MENTEUR HIGHWAY NEW ORLEANS, LA 70129	20-4929600	501C3	0.	59,860.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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THE COMMUNITY FREE CLINIC 727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501C3	0.	59,766.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONEWORLD COMMUNITY HEALTH CENTER 4920 SOUTH 30TH STREET, STE. 103 OMAHA, NE 68107	47-0548990	501C3	0.	59,268.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505	20-3572418	501C3	0.	59,242.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501C3	0.	59,181.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE CENTER FOR THE HOMELESS - 232 NORTH ORANGE BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501C3	0.	59,016.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROTOTYPE HEALTH, INC. 205 E. SOUTHERN AVE, SUITE 103 MESA, AZ 85210	86-0975231	501C3	0.	58,946.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 609 WEST E AVENUE ELK CITY, OK 73644	26-1284785	501C3	0.	58,886.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HAVEN FREE CLINIC 800 HOWARD AVENUE NEW HAVEN, CT 06519	03-0646973	501C3	0.	58,524.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERS FOR HEALING 109 W. BLACKWELL STREET TULLAHOMA, TN 37388	62-1834800	501C3	0.	58,367.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CAMP BUCK/NEVADA DIABETES ASSOCIATI - 18 STEWART STREET - RENO, NV 89501	88-0386000	501C3	0.	58,101.	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP NEEDLEPOINT AND DAYPOINT ADA, 8000 WEST 78TH ST, SUITE 175 EDINA, MN 55439	13-1623888	501C3	0.	57,679.	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. PETERSBURG FREE CLINIC 5501 4TH STREET NORTH ST. PETERSBURG, FL 33703	23-7208280	501C3	0.	57,601.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIFESPRING, INC. 460 SPRING STREET JEFFERSONVILLE, IN 47130	35-1097350	501C3	0.	57,289.	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD. LAURINBURG, NC 28352	20-2841940	501C3	0.	57,118.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LONE STAR COMMUNITY HEALTH CENTER 605 S. CONROE MEDICAL DR. CONROE, TX 77304	30-0038860	501C3	0.	57,096.	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEET ESCAPE 1120 15TH ST., BLDG. 1014 (DUGAS) AUGUSTA, GA 30912	47-1776514	501C3	0.	56,208.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH PLAINS RURAL HEALTH 1000 FM 300, UNIT A LEVELLAND, TX 79336	75-2123252	501C3	0.	56,091.	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET #3 BANDERA, TX 78003	77-0697361	501C3	0.	55,606.	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ST. LUKE'S FREE MEDICAL CLINIC 162 N. DEAN STREET SPARTANBURG, SC 29302	57-0943232	501C3	0.	55,539.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501C3	0.	54,979.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEAM RUBICON 300 N. CONTINENTAL BLVD. EL SEGUNDO, CA 90245	27-1720480	501C3	0.	54,686.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS CLINIC 810 HARPER AVENUE LENOIR, NC 28645	56-2076541	501C3	0.	54,447.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REACH OUT MONTGOMERY COUNTY 25 E. FORAKER STREET DAYTON, OH 45409	31-1434282	501C3	0.	54,417.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP STIX DIABETES PROGRAMS 11922 S PLAYER DRIVE SPOKANE, WA 99223	91-2077207	501C3	0.	54,234.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GET UP PROJECT 12221 RENFERT WAY, SUITE 200 AUSTIN, TX 78758	45-4931906	501C3	0.	53,760.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COWETA SAMARITAN CLINIC 137 JACKSON STREET NEWNAN, GA 30263	80-0518912	501C3	0.	52,656.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARMONY HEALTH CLINIC 201 EAST ROOSEVELT ROAD LITTLE ROCK, AR 72206	20-5691313	501C3	0.	52,334.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CHAUTAUQUA HEALTHCARE SERVICES 3686 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435	59-1469145	501C3	0.	52,213.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ETOWAH FREE COMMUNITY CLINIC 423 SOUTH 3RD STREET GADSDEN, AL 35901	82-0562064	501C3	0.	51,932.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UPHAM'S CORNER HEALTH CENTER 415 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501C3	0.	51,186.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BRAVE EAGLE 8326 NAAB ROAD INDIANAPOLIS, IN 46260	35-2047838	501C3	0.	50,933.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARBOR COMMUNITY CLINIC 593 W. 6TH STREET SAN PEDRO, CA 90731	23-7103245	501C3	0.	50,881.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLUMBIA RIVER COMMUNITY HEALTH SER - 450 TATONE STREET - BOARDMAN, OR 97818	20-1056268	501C3	0.	50,783.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LACKEY CLINIC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	54-1850915	501C3	0.	50,413.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTER FOR FAMILY HEALTH 8727 VAN NUYS BOULEVARD PANORAMA CITY, CA 91402	27-0224623	501C3	0.	50,119.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA SIERRA VISTA 1430 TRUXTUN AVENUE, SUITE 400 BAKERSFIELD, CA 93301	95-2707101	501C3	0.	48,858.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CAMP NEW DAY 1400 COULTER STREET AMARILLO, TX 79106	75-2668014	501C3	0.	48,439.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN HOUSE 114 FIFTH AVENUE REDWOOD CITY, CA 94063	23-7416272	501C3	0.	47,835.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLUMBUS CITY SCHOOLS 61 S. 6TH STREET COLUMBUS, OH 43215	31-6400416	501C3	0.	47,718.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KORELITZ 10200 ALLIANCE RD., SUITE 101 CINCINNATI, OH 45242	13-1623888	501C3	0.	47,718.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP SIOUX 8000 WEST 78TH ST. SUITE 175 EDINA, MN 55439	13-1623888	501C3	0.	47,442.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST LOUISIANA INTERFAITH PHAR - 909 OLIVE STREET - SHREVEPORT, LA 71104	72-1479289	501C3	0.	47,106.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BARTZ-ALTADONNA COMMUNITY HEALTH 43322 GINGHAM AVE. LANCASTER, CA 93535	27-3261289	501C3	0.	46,490.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARM REDUCTION SERVICES 2800 STOCKTON BLVD SACRAMENTO, CA 95817	68-0300656	501C3	0.	46,449.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP VICTORY 2424 EDENBORN AVENUE, SUITE 660 METAIRIE, LA 70001	13-1623888	501C3	0.	46,194.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ORANGE COUNTY FREE CLINIC 101 C WOODWARK STREET ORANGE, VA 22960	25-1922019	501C3	0.	46,164.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE SAMARITAN CENTER 200 NW THIRD AVENUE VISALIA, CA 93291	90-0367099	501C3	0.	45,931.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP JOHN WARVEL 8604 ALLISONVILLE ROAD INDIANAPOLIS, IN 46250	13-1623888	501C3	0.	45,729.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IDAHO DIABETES YOUTH PROGRAMS/CAMP 1701 N. 12TH ST. BOISE, ID 83702	31-1565651	501C3	0.	45,345.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE COUNTY FREE CLINIC 54 S. STATE STREET, SUITE 302 PAINESVILLE, OH 44077	34-1081191	501C3	0.	45,331.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LEO 310 "O" ST. SE TUMWATER, WA 98501	91-1676490	501C3	0.	44,667.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP COLORADO 2460 WEST 26TH AVE. SUITE 500C DENVER, CO 80211	13-1623888	501C3	0.	44,094.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 423 N ROUTE 9 CAPE MAY COURT HOUSE, NJ 08210	52-2257585	501C3	0.	44,022.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL MISSIONS FOR CHRIST CLINIC 1974 N. BUSINESS RTE 5 CAMDENTON, MO 65020	20-3637019	501C3	0.	43,991.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY CLINIC OF HIGH POINT 779 N. MAIN STREET HIGH POINT, NC 27262	56-1795022	501C3	0.	43,893.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRINITY COMMUNITY SERVICES 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501C3	0.	43,644.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF KANSAS 1905 19TH STREET GREAT BEND, KS 67530	48-1165405	501C3	0.	43,583.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROAD STREET CLINIC FOUNDATION 534 NORTH 35TH STREET MOREHEAD CITY, NC 28557	56-1853604	501C3	0.	43,364.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REGIONAL MEDICAL CENTER AT LUBEC 43 SOUTH LUBEC ROAD LUBEC, ME 04652	23-7146768	501C3	0.	43,243.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIONS CAMP MERRICK 3650 RICK HAMILTON PLACE NANJEMOY, MD 20662	52-1289731	501C3	0.	43,082.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES YOUTH FOUNDATION OF INDIAN - 817 S. TIBBS AVE. - INDIANAPOLIS, IN 46241	35-1783933	501C3	0.	43,072.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HEIGHTS CLINIC 8000 NE 58TH AVENUE VANCOUVER, WA 98665	91-2009672	501C3	0.	43,050.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-AREA COMMUNITY PHARMACY 14558 DANVILLE PIKE LAUREL FORK, VA 24352	54-1112330	501C3	0.	42,775.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ADA CAMP AZDA 5333 N. 7TH STREET, SUITE B-212 PHOENIX, AZ 85014	13-1623888	501C3	0.	42,693.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ADAM FISHER 8001 M W RICKENBAKER ROAD SUMMERTON, SC 29148	54-2101275	501C3	0.	42,475.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTLERS FIRST BAPTIST CHURCH FREE 208 NE B STREET ANTLERS, OK 74523	73-1092316	501C3	0.	42,347.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES SOLUTIONS-OK, INC. 3333 NW 63RD, SUITE 100 OKLAHOMA CITY, OK 73116	73-1590673	501C3	0.	42,184.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY CARE MEDICAL PRACTICE OF NY - 82-11 37TH AVENUE, 7TH FLOOR - JACKSON HEIGHTS, NY 11372	46-3181224	501C3	0.	41,620.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501C3	0.	41,614.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY ON A HILL 2224 WEST KILBOURN AVENUE MILWAUKEE, WI 53233	39-2017873	501C3	0.	40,911.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PIEDMONT HEALTH SERVICES 299 LLOYD STREET CARRBORO, NC 27510	56-0952737	501C3	0.	40,671.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP MIDICHA - CAMP COPNECONIC 10407 NORTH FENTON RD. FENTON, MI 48430	13-1623888	501C3	0.	40,494.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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KOREAN COMMUNITY SERVICES 7212 ORANGETHORPE AVE. SUITE 9A BUENA PARK, CA 90621	95-3245254	501C3	0.	40,153.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ASPIRE 809 FIVE-POINTS ROAD RUSH, NY 14543	13-1623888	501C3	0.	40,070.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY COMMUNITY HEALTH 601 BENTON AVENUE NASHVILLE, TN 37204	62-1438461	501C3	0.	39,885.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WASATCH HOMELESS HEALTH CARE 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501C3	0.	39,730.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHEL FREE HEALTH CLINIC 1650 CARROL DRIVE BILOXI, MS 39531	26-1794984	501C3	0.	39,221.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE FOOTHILL FAMILY COMMUNITY 2680 SOUTH WHITE RD., SUITE 170 SAN JOSE, CA 95148	77-0440944	501C3	0.	39,145.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CALCASIEU PARISH HUMAN SERVICES 2001 MOELING STREET LAKE CHARLES, LA 70601	72-6000234	GOVERNMENT ENTIT	0.	38,966.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUMTER FAMILY HEALTH CENTER 1278 N. LAFAYETTE DRIVE SUMTER, SC 29150	57-1095992	501C3	0.	38,927.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TENNESSEE CAMP FOR DIABETIC CHILDRE - 2622 LEE PIKE - SODDY DAISY, TN 37379	62-6020901	501C3	0.	38,628.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SAMUEL DIXON FAMILY HEALTH CENTER 30257 SAN MARTINEZ ROAD CASTAIC, CA 91384	95-4278726	501C3	0.	38,360.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSAL COMMUNITY HEALTH CENTER 1005 E. WASHINGTON BLVD. #A LOS ANGELES, CA 90021	27-0600887	501C3	0.	38,220.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROWLEY HOUSE OF HOPE CLINIC 208 N MAGNOLIA CROWLEY, TX 76036	75-2625043	501C3	0.	38,161.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501C3	0.	36,963.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES, IA 50312	42-1428706	501C3	0.	36,945.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GARFIELD HEALTH CENTER 701 S. ATLANTIC BLVD. #100 MONTEREY PARK, CA 91754	76-0733752	501C3	0.	36,758.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ASSOCIATION OF CHRISTIAN 7025 WEST TIDWELL ROAD, SUITE H108 HOUSTON, TX 77092	20-5077098	501C3	0.	36,148.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANE COUNTY FAMILY HEALTH CARE 146 WILLIAMS DRIVE SPENCER, WV 25276	55-0627933	501C3	0.	36,088.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN HEALTH CENTER, INC. 1115 FAIRVIEW ROAD CAMDEN, AR 71701	71-0804142	501C3	0.	36,055.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BUDDHIST TZU CHI FREE CLINIC 1000 SOUTH GARFIELD AVENUE ALHAMBRA, CA 91801	95-4457939	501C3	0.	35,811.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATAHOULA PARISH HOSPITAL DISTRICT 307 CHISUM STREET SICILY ISLAND, LA 71368	72-0838896	501C3	0.	35,599.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION CITY COMMUNITY NETWORK, INC - 15206 PARTHENIA STREET - NORTH HILLS, CA 91343	95-4226189	501C3	0.	35,506.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HAMWI 1100 DENNISON AVE COLUMBUS, OH 43201	31-6054100	501C3	0.	35,372.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP CAROLINA TRAILS 1300 BAXTER STREET CHARLOTTE, NC 28204	13-1623888	501C3	0.	35,263.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE OUTREACH TO HEALTH 837 EAST WALNUT STREET GRAPEVINE, TX 76051	75-2195702	501C3	0.	35,238.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY FIRST HEALTH CENTERS 555 ST. CLAIR RIVER DRIVE ALGONAC, MI 48001	38-2080825	501C3	0.	35,003.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BLUEBONNET 19051 FM 2484 KILLEEN, TX 76542	90-0137641	501C3	0.	34,618.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SABAN FREE CLINIC 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501C3	0.	34,537.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CENTRAL FLORIDA 4930 EAST LAKE MARY BLVD. SANFORD, FL 32771	59-1741286	501C3	0.	34,346.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMISTAD COMMUNITY HEALTH CENTER 1533 SOUTH BROWNLEE AVENUE CORPUS CHRISTI, TX 78404	20-3008507	501C3	0.	34,279.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501C3	0.	33,869.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST CHOICE PRIMARY CARE 770 WALNUT STREET MACON, GA 31201	20-4391090	501C3	0.	33,173.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHEELING HEALTH RIGHT 61-29TH STREET WHEELING, WV 26003	31-1149085	501C3	0.	32,892.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLUMBIA COUNTY VOLUNTEERS IN 310 EAST THIRD STREET MIFFLINVILLE, PA 18631	20-5695518	501C3	0.	32,884.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERD'S HOPE 2404 SOUTH TYLER LITTLE ROCK, AR 72204	20-8811505	501C3	0.	32,876.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH COUNTY COMMUNITY CLINIC 101 PINE MANOR DRIVE OAK RIDGE NORTH, TX 77385	75-2634623	501C3	0.	32,629.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHOLIC DIOCESE OF LITTLE ROCK 2500 N. TYLER STREET LITTLE ROCK, AR 72207	71-0236871	501C3	0.	32,565.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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OUTREACH COMMUNITY HEALTH CENTERS 711 W. CAPITOL DRIVE MILWAUKEE, WI 53206	39-1353282	501C3	0.	32,502.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA, CA 91331	95-2662606	501C3	0.	32,410.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HANDS OF HOPE CLINIC 1010 HOSPITAL DRIVE, BLDG B STOCKBRIDGE, GA 30281	42-1591970	501C3	0.	32,407.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HENDON/KENTUCKY DIABETES CAMP 1640 LYNDON FARMS COURT, SUITE 108 LOUISVILLE, KY 40223	27-3619275	501C3	0.	32,315.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARESOUTH CAROLINA, INC. 201 SOUTH 5TH STREET HARTSVILLE, SC 29550	57-0664826	501C3	0.	32,299.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH WORK 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501C3	0.	32,093.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS FAMILY CARE ADMINISTRATION 475 NELSON AVE NEOSHO, MO 64850	43-1752799	501C3	0.	32,002.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORISONS UNLIMITED HEALTHCARE 164 B STREET LIVINGSTON, CA 95334	72-1532350	501C3	0.	31,544.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL MISSOURI DIABETIC 5190 W HATTON CHAPEL ROAD COLUMBIA, MO 65202	43-0983917	501C3	0.	31,513.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SB COUNTY OFFICE OF EDUCATION 4400 CATHEDRAL OAKS ROAD SANTA BARBARA, CA 93160	95-6000940	GOVERNMENT ENTIT	0.	31,159.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICINE PHARMACY 1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501C3	0.	30,998.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OLDE TOWNE MEDICAL AND DENTAL 5249 OLDE TOWNE ROAD WILLIAMSBURG, VA 23188	54-1663905	501C3	0.	30,844.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOORE FREE CARE CLINIC 211 TRIMBLE PLANT ROAD #C SOUTHERN PINES, NC 28387	01-0781234	501C3	0.	30,611.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLSPACE HEALTH 5321 STOCKTON BLVD SACRAMENTO, CA 95820	94-1713704	501C3	0.	30,594.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION 6900 COLLEGE BLVD OVERLAND PARK, KS 66211	44-0605373	501C3	0.	30,358.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HYNDMAN AREA HEALTH CENTER 144 FIFTH AVENUE HYNDMAN, PA 15545	25-1343824	501C3	0.	30,282.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 136 EAST PLYMOUTH AVENUE DELAND, FL 32724	30-0408193	501C3	0.	29,855.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETANCES HEALTH 280 HENRY STREET NEW YORK, NY 10002-4618	13-2697725	501C3	0.	29,811.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FAMILY HEALTH CENTERS 2232 GRAND AVENUE PHARMACY FORT MYERS, FL 33901	59-1741273	501C3	0.	29,798.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PACE COMMUNITY ACTION AGENCY, INC. 525 N. 4TH STREET VINCENNES, IN 47591	35-1120537	501C3	0.	29,482.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP HEALTH CENTER 401 WEST RAILROAD STREET W MISSOULA, MT 59802	36-3843543	501C3	0.	29,458.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF CULPEPER 610 LAUREL STREET CULPEPER, VA 22701	52-1366700	501C3	0.	29,289.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501C3	0.	29,253.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS OF WESTERN OHIO 441 EAST 8TH STREET LIMA, OH 45804	56-2330309	501C3	0.	28,847.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP TAKE CHARGE 759 TIMBER RIDGE CAMP RD HIGH VIEW, WV 26808	27-1547370	501C3	0.	28,519.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501C3	0.	28,456.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RICHARD F. CLARKE 1320 LASALLE AVENUE HAMPTON, VA 23669	54-1209213	501C3	0.	28,451.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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JDRF FAMILY DIABETES CAMP 14323 CAMP WAR EAGLE ROAD ROGERS, AR 72756	23-1907729	501C3	0.	28,205.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST LUKE COMMUNITY CLINIC 316 N ROYAL AVENUE FRONT ROYAL, VA 22630	54-1801220	501C3	0.	27,975.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP EDI 13528 STATE HWY AA POTOSI, MO 63664	13-1623888	501C3	0.	27,605.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KEYSTONE DIABETIC KIDS CAMP 58 CAMP VICTORY ROAD MILLVILLE, PA 17846	23-2481065	501C3	0.	27,584.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KNOX COUNTY HEALTH CLINIC 22 WHITE STREET ROCKLAND, ME 04841	01-0528885	501C3	0.	27,528.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANN SILVERMAN COMMUNITY HEALTH CLIN - 595 W. STATE STREET - DOYLESTOWN, PA 18901	23-2892823	501C3	0.	27,520.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEBANON VALLEY VOLUNTEERS IN MEDICI - 711 SOUTH 8TH STREET - LEBANON, PA 17042	26-3915958	501C3	0.	27,453.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OCRM HEALTH CARE SERVICES ONE HOPE DRIVE TUSTIN, CA 92782	33-0906866	501C3	0.	27,174.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IRVING COMMUNITY CLINIC 1302 LANE STREET, SUITE 100 IRVING, TX 75287	75-2536818	501C3	0.	26,937.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BELL GARDENS FAMILY MEDICAL CENTER 6501 SOUTH GARFIELD AVENUE BELL GARDENS, CA 90201	95-1641454	501C3	0.	26,916.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501C3	0.	26,850.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
YORK COUNTY COMMUNITY ACTION 15 OAK STREET SPRINGVALE, ME 04083	01-6020406	501C3	0.	26,573.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPTIMUS HEALTH CARE 982 E. MAIN STREET BRIDGEPORT, CT 06608	06-0972166	501C3	0.	26,439.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HOPE PROJECT 157 WALL STREET TENAHA, TX 75974	32-0086739	501C3	0.	25,568.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SERVE THE PEOPLE COMMUNITY 1206 EAST 17TH STEET, SUITE 101 SANTA ANA, CA 92701	27-0421556	501C3	0.	25,362.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL COMMUNITY 502 GRAMMONT STREET MONROE, LA 71201	90-0014479	501C3	0.	25,328.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501C3	0.	25,098.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REGENCE HEALTH NETWORK 723 N. TAYLOR STREET, SUITE B AMARILLO, TX 79107	75-1414940	501C3	0.	25,052.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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AARON E HENRY 510 HIGHWAY 322 CLARKSDALE, MS 38614	64-0624495	501C3	0.	24,717.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL CHARITABLE PHAR - 2033 FISH HATCHERY ROAD - MADISON, WI 53725	39-0824876	501C3	0.	24,711.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION/CAMP 150 MONUMENT RD. SUITE 100 BALA CYNWYD, PA 19004	13-1623888	501C3	0.	24,628.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC-BOONE 141 HEALTH CENTER DRIVE BOONE, NC 28607	20-8607858	501C3	0.	24,626.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WATERMAN COMMUNITY CLINIC 2300 KURT STREET EUSTIS, FL 32726	59-3140669	501C3	0.	24,474.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501C3	0.	24,424.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF MONROE 811 WEST 2ND STREET BLOOMINGTON, IN 47401	20-4383915	501C3	0.	24,223.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE WELLNESS PLAN 2888 W GRAND BLVD DETROIT, MI 48202	38-2008890	501C3	0.	24,172.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWARD HEALTH CORAL SPRINGS 3000 CORAL HILLS DRIVE CORAL SPRINGS, FL 33065	65-0930889	501C3	0.	23,972.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LAKE COUNTY PUBLIC HEALTH 922 BEVINS CT. LAKEPORT, CA 95453	94-6000825	GOVERNMENT ENTIT	0.	23,874.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROLETTE COUNTY PUBLIC HEALTH 211 1ST AVENUE NE ROLLA, ND 58367	02-0761623	GOVERNMENT ENTIT	0.	23,418.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEYOND TYPE 1 14040 AUBURN ROAD NEWBURY, OH 44065	47-3336640	501C3	0.	23,174.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ADVENTURE 74 ACCESS HWY CARIBOU, ME 04736	01-0376890	501C3	0.	23,101.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE STATE COLLEGE, PA 16803	25-1897969	501C3	0.	23,007.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEW HORIZONS NORTH AND SOUTH 4100 ALPHA RD. #100 DALLAS, TX 75244	13-1623888	501C3	0.	23,001.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE OPEN DOOR CLINIC 130 WEST CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501C3	0.	22,915.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP FLOYD ROGERS 7205 WEST CENTER RD. #104 OMAHA, NE 68124	47-0592289	501C3	0.	22,704.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COSSMA, INC-CIDRA AVE. EL JIBARO, CARR 172 KM. 13.5 CIDRA, PR 00739-1330	66-0434923	501C3	0.	22,576.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CAMP RAINBOW / AMERICAN DIABETES 7670 WOODWAY DRIVE, SUITE 230 HOUSTON, TX 77063	13-1623888	501C3	0.	22,569.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LANAI COMMUNITY HEALTH CENTER 333 SIXTH STREET LANAI CITY, HI 96763	20-2509287	501C3	0.	22,515.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET SUITE 30 TOMBALL, TX 77375	76-0280324	501C3	0.	22,498.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION 608 W. DOUGLAS, SUITE 100 WICHITA, KS 67203	13-1623888	501C3	0.	22,427.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIFELONG MEDICAL CARE 2344 SIXTH STREET BERKELEY, CA 94710	94-2502308	501C3	0.	22,413.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOPEWELL 24 CR 231 OXFORD, MS 38655	23-6393377	501C3	0.	22,268.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HAPPY VALLEY MEDICAL CENTER 4330 COLLETTSVILLE ROAD COLLETTSVILLE, NC 28611	59-1756933	501C3	0.	22,242.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IPFW - LAFAYETTE STREET FAMILY 2700 SOUTH LAFAYETTE STREET, SUITE FT. WAYNE, IN 46806	35-6002041	501C3	0.	22,215.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST MICHIGAN HEALTH SERVICES, - 10767 TRAVERSE HIGHWAY - TRAVERSE CITY, MI 49684-5549	26-1779673	501C3	0.	22,178.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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AMERICARES FREE CLINICS 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501C3	0.	22,161.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRADLEY FREE CLINIC 1240 THIRD STREET, SW ROANOKE, VA 24016	23-7380491	501C3	0.	21,763.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES CAMP OF WV, INC. 735 GREEN VALLEY DRIVE ST. ALBANS, WV 25177	55-0738182	501C3	0.	21,754.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DR. GARY BURNSTEIN COMMUNITY 45580 WOODWARD AVENUE PONTIAC, MI 48341	32-0015321	501C3	0.	21,661.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KAMP FOR KIDS 12955 BOGUS JIM ROAD RAPID CITY, SD 57702-9703	46-0447755	501C3	0.	21,613.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP WANA KURA 6065 COZZENS STREET SAN DIEGO, CA 92122	13-1623888	501C3	0.	21,580.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE AREA FREE CLINIC 856 ARMOUR ROAD OCONOMOWOC, WI 53066	39-2006388	501C3	0.	21,380.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT H.O.P.E., INC. 519-525 WEST STREET CAMDEN, NJ 08103	20-4133180	501C3	0.	21,259.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501C3	0.	21,117.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	26-3302837	501C3	0.	20,996.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZON HEALTH CENTER 714 BERGEN AVE # 714 JERSEY CITY, NJ 07306-4802	22-1831695	501C3	0.	20,959.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
POMONA COMMUNITY HEALTH CENTER 1450 E. HOLT AVENUE POMONA, CA 91767	22-3914738	501C3	0.	20,950.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KO-MAN-SHE / CAMP TIPONI 2555 S. DIXIE DR., SUITE 112 DAYTON, OH 45409	31-6084147	501C3	0.	20,911.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP FREEDOM 1819 WARD DRIVE, SUITE 102 MURFREESBORO, TN 37129	62-1662856	501C3	0.	20,893.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PERSON FAMILY MEDICAL CENTER 702 NORTH MAIN STREET ROXBORO, NC 27573	58-1387324	501C3	0.	20,810.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ATENAS COMMUNITY HEALTH CENTER INC. - CARRETERA NUMERO 2 KM. 50.1 - MANATI, PR 00674	66-0730779	501C3	0.	20,789.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP POSSIBILITIES 20930 DUPONT BLVD GEORGETOWN, DE 19970	51-0412903	501C3	0.	20,751.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN YOUTH UNDERSTANDING 1700 N MOORE ST., SUITE 2000 ARLINGTON, VA 22209	52-2006333	501C3	0.	20,649.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTH CENTRAL TEXAS P.O. BOX 720 WICHITA FALLS, TX 76307	75-2429644	501C3	0.	20,633.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH ROAD NOBLE, OK 73068	73-1637078	501C3	0.	20,386.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTLAND NEEDLE EXCHANGE PROGRAM 103 INDIA STREET PORTLAND, ME 04101	01-6000032	501C3	0.	20,265.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIAMI RESCUE MISSION CLINIC 2015 N.W. 1ST AVENUE MIAMI, FL 33127	45-1481860	501C3	0.	20,255.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION CAMP GLOBAL STORAGE - CHELWOOD ALBUQUERQUE, AZ 87112	13-1623888	501C3	0.	20,253.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GIRL'S INC. 531 E. ORTEGA STREET SANTA BARBARA, CA 93103	95-6006417	501C3	0.	20,205.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH HUDSON COMMUNITY ACTION 800 31 STREET UNION CITY, NJ 07087	22-1818699	501C3	0.	19,996.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HILL COUNTRY MISSION FOR HEALTH 122 COMMERCE AVENUE BOERNE, TX 78006	48-1262832	501C3	0.	19,916.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST COMMUNITY HEALTH 320 E. SECOND STREET LIBBY, MT 59923	81-0542127	501C3	0.	19,915.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ZUFALL HEALTH CENTER 18 WEST BLACKWELL DOVER, NJ 07801	22-3125397	501C3	0.	19,441.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BLUE HAWK 1200 CHILDREN'S AVENUE, OUCPB 4D OKLAHOMA CITY, OK 73104	73-1591001	501C3	0.	19,216.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSOULA INDIAN CENTER 830 WEST CENTRAL AVENUE MISSOULA, MT 59801	81-0330646	501C3	0.	19,135.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP FREEDOM 3601 WEST ALBERTA RD. EDINBURG, TX 78539	45-3645389	501C3	0.	18,917.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEEDLES IN THE PINES 2150 HERBERT COURT GREENVILLE, NC 27834	23-7138921	501C3	0.	18,900.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GALVESTON COUNTY HEALTH DISTRICT 9850-A EMMETT F. LOWRY EXPY TEXAS CITY, TX 77591	76-0619014	501C3	0.	18,825.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP T. FRANK SOLES YMCA 134 CAMP SOLES LANE ROCKWOOD, PA 15557	13-1623888	501C3	0.	18,809.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. PAUL CHILDREN'S 1350 E. RICHARDS TYLER, TX 75702	27-0954405	501C3	0.	18,544.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AVERA MCKENNAN DIABETES CENTER 1315 S. CLIFF AVE., STE 1300 SIOUX FALLS, SD 57105	20-8521374	501C3	0.	18,203.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BEAR LAKE COMMUNITY HEALTH CENTER 1515 NORTH 400 EAST #104 NORTH LOGAN, UT 84341	87-0269232	501C3	0.	18,173.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLANDS COMMUNITY MEDICAL SERVICES 15 MEDICAL CENTER LOOP VINALHAVEN, ME 04863	01-6012835	501C3	0.	18,112.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC OF JACKSON CO - 293 HOSPITAL ROAD, STE. B - SYLVA, NC 28779	56-2266536	501C3	0.	18,093.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BULLHOOK COMMUNITY HEALTH CENTER, 521 4TH STREET HAVRE, MT 59501	20-5970239	501C3	0.	17,906.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARK DUVALLE COMMUNITY HEALTH CENTE - 3015 WILSON AVENUE - LOUISVILLE, KY 40211	61-0666209	501C3	0.	17,894.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GLOUCESTER-MATHEWS CARE CLINIC 6031 INDUSTRIAL DRIVE GLOUCESTER, VA 23061	54-1875619	501C3	0.	17,844.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDIANA HEALTH CENTERS, INC. 8003 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	31-1003977	501C3	0.	17,746.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY ORIENTED PRIMARY HEALTH 251 NORTH BAYOU STREET MOBILE, AL 36603	63-6001641	GOVERNMENT ENTIT	0.	17,683.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY OF NEW ORLEANS 1300 PERDIDO STREET NEW ORLEANS, LA 70112	72-6000969	501C3	0.	17,683.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ESCAMBIA COMMUNITY CLINICS, INC. 2200 NORTH PALAFOX STREET PENSACOLA, FL 32501	59-3105246	501C3	0.	17,683.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TECHE ACTION CLINIC 1115 WEBER STREET FRANKLIN, LA 70538	72-6073441	501C3	0.	17,683.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRANKLIN PRIMARY HEALTH CENTER 1303 DR. MARTIN LUTHER KING JR. AV MOBILE, AL 36603	63-0695975	501C3	0.	17,683.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE SYSTEMS 116 SMITH STREET TENNILLE, GA 31089	58-2001101	501C3	0.	17,683.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SU CLINICA FAMILIAR 1706 TREASURE HILLS BLVD HARLINGEN, TX 78550	74-2357970	501C3	0.	17,611.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501C3	0.	17,520.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AKRON CHILDREN'S HOSPITAL DIABETES 215 W. BOWERY STREET; SUITE 6400 AKRON, OH 44308	34-0714357	501C3	0.	17,344.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLARA'S HOUSE 2715 K STREET, SUITE D SACRAMENTO, CA 95816	61-1591265	501C3	0.	17,290.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS INC 3070 CRAIN HIGHWAY #101 WALDORF, MD 20601	52-1767044	501C3	0.	17,282.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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OHIO VALLEY HEALTH CENTER 380 SUMMIT AVENUE, STE 202 STEUBENVILLE, OH 43952	20-3924355	501C3	0.	17,098.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEET LIFE 600 W QUARRY SPRING ST. KASOTA, MN 56050	27-3206536	501C3	0.	17,035.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHASTA COMMUNITY HEALTH CENTER 1035 PLACER STREET REDDING, CA 96001	68-0165855	501C3	0.	16,989.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST COMMUNITY FREE CLINIC 1 A STREET NW AUBURN, WA 98002	20-3849881	501C3	0.	16,897.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD SERVICE ORGANIZATION 3430 THIRD STREET DETROIT, MI 48201	38-1561624	501C3	0.	16,545.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHNET OF ROCK COUNTY, INC. 23 WEST MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501C3	0.	16,520.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RANDOLPH FAMILY HEALTH CARE AT MERC - 1831 N FAYETTEVILLE STREET - ASHEBORO, NC 27203	56-1799394	501C3	0.	16,404.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANTHER DAY CAMP 2423 - 172ND PL SE BOTHHELL, WA 98012-6515	91-1192064	501C3	0.	16,401.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL RIO COMMUNITY HEALTH CENTER 839 W. CONGRESS STREET TUCSON, AZ 85745	86-0285857	501C3	0.	16,258.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PRESENTATION MEDICAL CENTER 213 2ND AVE NE ROLLA, ND 58367	45-0227391	501C3	0.	16,221.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RIDING ON INSULIN 14 2ND STREET WEST WHITEFISH, MT 59937	27-4160955	501C3	0.	16,128.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWARD COMMUNITY & FAMILY 5010 HOLLYWOOD BLVD SUITE 100-B HOLLYWOOD, FL 33021	59-3489664	501C3	0.	16,127.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HENRIETTA JOHNSON MEDICAL CENTER 601 NEW CASTLE AVENUE WILMINGTON, DE 19801	20-1336340	501C3	0.	16,004.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BIGHORN VALLEY HEALTH CENTER 501 MAIN STREET ASHLAND, MT 59003	27-3113428	501C3	0.	15,902.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANNA MEDICAL CLINIC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501C3	0.	15,747.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SUGAR FALLS/CAMP WIDJIWAGAN 220 GREAT CIRCLE ROAD, SUITE 134 NASHVILLE, TN 37228	13-1623888	501C3	0.	15,702.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF SHELBYVILLE 200 DOVER STREET, SUITE 203 SHELBYVILLE, TN 37160	34-1974609	501C3	0.	15,619.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMISSION 5638 HOLLISTER AVENUE, SUITE 230 GOLETA, CA 93117	95-2491790	501C3	0.	15,549.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MEL LEAMAN FREE CLINIC 601 RADIO HILL ROAD MARION, VA 24354	54-1993876	501C3	0.	15,433.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHENANDOAH COUNTY FREE CLINIC 124 VALLEY VISTA DRIVE WOODSTOCK, VA 22664	54-2032008	501C3	0.	15,354.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LO-BE-GON 17901 S. 72ND E. AVE. BIXBY, OK 74008	26-0618834	501C3	0.	15,335.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FERNCARE FREE CLINIC, INC. 751 E. NINE MILE ROAD FERNDALE, MI 48220	32-0246843	501C3	0.	15,204.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION NEIGHBORHOOD HEALTH CENTER 240 SHOTWELL STREET SAN FRANCISCO, CA 94110	94-2284365	501C3	0.	15,014.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTLOOK HEALTH SERVICES 10510 SOUTH AVE W CHISAGO CITY, MN 55013	41-1707647	501C3	0.	14,927.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIS DUDLEY FOUNDATION 6191 WITZEL ROAD SE SALEM, OR 97317	80-0276022	501C3	0.	14,906.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH END COMMUNITY HEALTH COMMITTEE - 332 HANOVER ST - BOSTON, MA 02113	23-7089746	501C3	0.	14,766.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHLINK DENTAL CENTER, INC 1775 STREET ROAD SOUTHAMPTON, PA 18966	23-2998708	501C3	0.	14,695.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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METROPOLITAN COMMUNITY HEALTH SERVI - 120 W. MARTIN LUTHER KING DRIVE - WASHINGTON, NC 27889	56-2143419	501C3	0.	14,688.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA DE SALUD DEL VALLE 440 AIRPORT BLVD., STE. A SALINAS, CA 93905	94-2652757	501C3	0.	14,545.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTER FOR HEALING & HOPE 902 S. MAIN GOSHEN, IN 46526	02-0560511	501C3	0.	14,126.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REACH OUT WORLDWIDE 700 S FLOWER ST BURBANK, CA 91502	27-3237943	501C3	0.	13,964.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICE AGENCY 4500 WESLEY STREET GREENVILLE, TX 75401	75-1528614	501C3	0.	13,753.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES YOUTH SERVICES 5871 MONCLOVA ROAD MAUMEE, OH 43537	34-1967194	501C3	0.	13,713.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SUREFIRE FOUNDATION 290 HOPE STREET BRISTOL, RI 02809	26-4816130	501C3	0.	13,694.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA ALASKA DIABETES CAMP/CAMP K MILE 4, SNUG HARBOR ROAD COOPER LANDING, AK 99572	13-1623888	501C3	0.	13,596.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GENERATIONS FAMILY HEALTH CENTER 40 MANSFIELD AVENUE WILLIMANTIC, CT 06226	22-3158253	501C3	0.	13,595.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501C3	0.	13,502.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILL-GRUNDY MEDICAL CLINIC 213 CASS STREET JOLIET, IL 60432	36-3492306	501C3	0.	13,459.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF MERIDIAN, INC. 4707 POPLAR SPRINGS DRIVE MERIDIAN, MS 39305	45-5309446	501C3	0.	13,447.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER GREENWOOD UNITED MINISTRY 1404 EDGEFIELD STREET GREENWOOD, SC 29646	57-1012393	501C3	0.	13,438.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP MCCUMBER 35440 DEER FLAT RD. SHINGLETOWN, CA 96088	94-3233706	501C3	0.	13,407.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEACH HEALTH CLINIC 3396 HOLLAND ROAD STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501C3	0.	13,405.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOPE, INC. 3920 WEST 45TH ST. CASPER, WY 82604	83-0322643	501C3	0.	13,321.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIVE RIVERS HEALTH CENTERS 921 S EDWIN C. MOSES BLVD. DAYTON, OH 45417	45-0914398	501C3	0.	13,118.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALVATION ARMY FLINT BEECHER 1475 COLDWATER ROAD FLINT, MI 48505	38-1370971	501C3	0.	13,116.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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EAST BAY COMMUNITY ACTION PROGRAM 6 JOHN H. CHAFFEE BLVD. NEWPORT, RI 02840	05-0310024	501C3	0.	12,860.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP INDEPENDENCE OF SAN ANTONIO 8730 AVATOR CIRCLE FAIR OAKS RANCH, TX 78015	91-2049016	501C3	0.	12,851.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUMTER UNITED MINISTRIES 36 ARTILLERY DRIVE SUMTER, SC 29150	57-0988602	501C3	0.	12,821.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KANDU 800 AVERY BLVD, SUITE 100 (BACK OF RIDGELAND, MS 39157	23-7262987	501C3	0.	12,798.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET SAN FRANCISCO, CA 94133	94-1722562	501C3	0.	12,756.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
A NEW DAY COMMUNITY HEALTH CENTER 3085 E. FLAMINGO ROAD LAS VEGAS, NV 89121	47-1608870	501C3	0.	12,573.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAITH FAMILY MEDICAL CLINIC 326 21ST AVENUE N NASHVILLE, TN 37203	62-1816811	501C3	0.	12,470.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF OUR TOWNS 212 GAMBLE STREET DAVIDSON, NC 28036	56-1927067	501C3	0.	12,453.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA FOODBANK 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	77-0169214	501C3	0.	12,442.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COOPERATIVE CHRISTIAN 133 ARBOR STREET HOT SPRINGS, AR 71901	62-1671396	501C3	0.	12,332.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	501C3	0.	12,204.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KOKUA KALIHI VALLEY 2239 N. SCHOOL STREET HONOLULU, HI 96819	99-0149797	501C3	0.	12,197.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREEN RIVER MEDICAL CENTER 585 W. MAIN GREEN RIVER, UT 84525	87-0409346	501C3	0.	12,169.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA'S CAMP JADA 7825 BAYMEADOWS WAY, STE. 104A JACKSONVILLE, FL 32256	13-1623888	501C3	0.	12,134.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501C3	0.	12,086.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH COUNTY HEALTH SERVICES 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501C3	0.	12,071.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CARE CLINIC 501 WEST US HIGHWAY 60 MOUNTAIN VIEW, MO 65548	56-2418664	501C3	0.	12,069.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT VIDA HEALTH CENTER 14900 GREG STREET EL PASO, TX 79938	68-0541648	501C3	0.	12,022.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BEN ARCHER HEALTH CENTER 1998 MOTEL BOULEVARD, BUILDING B LAS CRUCES, NM 88007	51-0158976	501C3	0.	11,999.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SCRANTON PRIMARY HEALTH CARE CENTER - 959 WYOMING AVENUE - SCRANTON, PA 18509	23-2024511	501C3	0.	11,949.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTHCARE 425 N. DATE STREET, SUITE 203 ESCONDIDO, CA 92025	95-2796316	501C3	0.	11,925.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREENE COUNTY HEALTH CARE 7 PROFESSIONAL DRIVE SNOW HILL, NC 28580	56-0992353	501C3	0.	11,868.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION 6900 COLLEGE BLVD OVERLAND PARK, KS 66211	13-1623888	501C3	0.	11,811.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CASA EL BUEN SAMARITANO 14060 DUBLIN STREET HOUSTON, TX 77085	37-1546805	501C3	0.	11,576.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOT SHOTS 23444 DOGWOOD ROAD COUNCIL BLUFFS, IA 51503	46-0511460	501C3	0.	11,550.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JDRF CAMP SOARING EAGLE 595 ASPAAS ROAD PHOENIX, AZ 86325	23-1907729	501C3	0.	11,530.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KIKI'S KIDS CAMP FOR YOUTH WITH DIA - 304 TURNER MCCALL BLVD - ROME, GA 30165	58-1375074	501C3	0.	11,508.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMWELL HEALTH PO BOX 227 NEWTON GROVE, NC 28366-0227	58-1319204	501C3	0.	11,497.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICAL CLINIC OF 110 C EAST DEKALB STREET CAMDEN, SC 29020	57-1074191	501C3	0.	11,488.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIGHTHOUSE CLINIC 858 VALLEY MALL PKWY EAST WENATCHEE, WA 98802	36-4661570	501C3	0.	11,432.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARIN CITY HEALTH & WELLNESS CENTER - 630 DRAKE AVENUE - MARIN CITY, CA 94965	06-1787661	501C3	0.	11,427.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP ALDERSGATE 2000 ALDERSGATE ROAD LITTLE ROCK, AR 72205	13-1623888	501C3	0.	11,145.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEMPLE COMMUNITY FREE CLINIC, INC. 1905 CURTIS B ELLIOTT DRIVE TEMPLE, TX 76501	74-2634500	501C3	0.	11,018.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO DE SALUD DE LARES, INC. CARRETERA 111 KM 1.9 LARES, PR 00669	66-0426506	501C3	0.	11,009.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH FOR ALL - ADMINISTRATION 420 I STREET, STE 7 SACRAMENTO, CA 95814	94-2747710	501C3	0.	10,964.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP AURORA 1500 COOPER ST 2ND FLOOR ENDOCRINO FORT WORTH, TX 76104	13-1623888	501C3	0.	10,945.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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AMMONOOSUC COMMUNITY HEALTH SERVICE - 25 MT. EUSTIS ROAD - LITTLETON, NH 03561	51-0137745	501C3	0.	10,868.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 300 ARLINGTON DRIVE VIDALIA, GA 30474	27-1107136	501C3	0.	10,839.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HMONG HEALTH ALLIANCE 6000 J STREET SACRAMENTO, CA 95819-6117	68-0350323	501C3	0.	10,808.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FUNDACIN CENTRO PEDITRICO DE DIAB 260 CONVENTO STREET SAN JUAN, PR 00912	66-0597488	501C3	0.	10,791.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNILEVER 700 SYLVAN AVE ENGLEWOOD CLIFFS, NJ 07632	13-3153661	OTHER	0.	10,743.	PURCHASED PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFER ALTERNATIVES 8015 FREEPORT BLVD. SACRAMENTO, CA 95832	94-3390723	501C3	0.	10,733.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WIRT COUNTY 483 COURT STREET ELIZABETH, WV 26143	31-0942184	501C3	0.	10,714.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP SEALTH 2815 EASTLAKE AVENUE E, SUITE 240 SEATTLE, WA 98102	13-1623888	501C3	0.	10,559.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP TANAGER 500 8TH AVENUE SE CEDAR RAPIDS, IA 52401	42-0688079	501C3	0.	10,477.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BRIDGE COMMUNITY HEALTH CLINIC 1810 N. 2ND STREET WAUSAU, WI 54403	39-1759404	501C3	0.	10,437.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STERLING AREA HEALTH CENTER 725 E STATE STREET STERLING, MI 48659-9548	38-2205859	501C3	0.	10,341.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROTACARE NORTH HELPLINE 12736 33RD AVE NE SEATTLE, WA 98125	91-1811292	501C3	0.	10,305.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD FREE MEDICAL CLINIC 307 NORTH BROAD STREET CLINTON, SC 29325	57-0996466	501C3	0.	10,202.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER OF RICHMOND - 235 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302	51-0567466	501C3	0.	10,027.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
K.I.D.S. DAY CAMP 109 MEADOWS RD. TEXARKANA, AR 71854	71-0777213	501C3	0.	9,961.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEAUREGARD AGAPE COMMUNITY CLINIC 213 WEST 2ND STREET DERIDDER, LA 70634	06-1822290	501C3	0.	9,955.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE OF THE VALLEY RESCUE MISSION 11134 SEPULVEDA BLVD MISSION HILLS, CA 91345	27-2053273	501C3	0.	9,846.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KEVIN'S COMMUNITY CENTER 25 COMMERCE ROAD NEWTOWN, CT 06470	61-1436909	501C3	0.	9,789.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SHARE OUR SELVES FREE MEDICAL 1550 SUPERIOR AVENUE COSTA MESA, CA 92627	95-3222316	501C3	0.	9,761.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH BAY FAMILY HEALTH CARE CENTER - 23430 HAWTHORNE BLVD., STE. 210 - TORRANCE, CA 90505	23-7049937	501C3	0.	9,625.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP TOO SWEET 1030 S. JEFFERSON ST. SUITE G101 ROANOKE, VA 24016	54-0506332	501C3	0.	9,613.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HORIZON FAMILY HEALTH SERVICES 975 W FARIS ROAD GREENVILLE, SC 29605	57-0932597	501C3	0.	9,588.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC OF MCKINNEY 501 1/2 N. KENTUCKY STREET MCKINNEY, TX 75069	81-3813928	501C3	0.	9,443.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE BUFFALO, NY 14207	16-1294447	501C3	0.	9,310.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NO LIMITS DIABETES 414 E. BROADWAY DANVILLE, IN 46122	20-3289439	501C3	0.	9,229.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARPINTERIA UNIFIED SCHOOL DISTRICT - 1400 LINDEN AVENUE - CARPINTERIA, CA 93013	95-6101195	GOVERNMENT ENTIT	0.	9,161.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET CORPUS CHRISTI, TX 78408	74-2642761	501C3	0.	9,128.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BLACKSTONE VALLEY 39 EAST AVENUE PAWTUCKET, RI 02860	51-0183476	501C3	0.	9,106.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARY'S CENTER 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	52-1594116	501C3	0.	9,082.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILLIAM F. RYAN COMMUNITY HEALTH CE - 110 WEST 97TH STREET - NEW YORK, NY 10025	13-2884976	501C3	0.	8,962.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DESTINY OUTREACH CENTER 141 S BLACK HORSE PIKE BLACKWOOD, NJ 08012	46-4415529	501C3	0.	8,960.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JUST KIDS DENTAL 1313 FAIRGROUNDS ROAD TWO HARBORS, MN 55616	27-2311353	501C3	0.	8,946.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN HOME CHRISTIAN CLINIC 421 WEST WADE STREET MOUNTAIN HOME, AR 72653	71-0835511	501C3	0.	8,934.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE GAUTIER 2550 INDIAN POINT PARKWAY GAUTIER, MS 39553	26-4357709	501C3	0.	8,912.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP DREAM 309 S. GALENA AVENUE, SUITE 100 DIXON, IL 61021	36-6006618	GOVERNMENT ENTIT	0.	8,901.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP CAREFREE 154 LIONS CAMP PRIDE WAY NEW DURHAM, NH 03855	13-1623888	501C3	0.	8,794.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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DR. GARABED A. FATTAL 425 ROBINSON STREET BINGHAMTON, NY 13904	16-6053710	501C3	0.	8,759.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARING HANDS HEALTHCARE 3101 ELKS ROAD MCALESTER, OK 74501	20-3587410	501C3	0.	8,717.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FEED MY SHEEP FREE CHILDREN'S CLINI - 613 S. 3RD STREET - TEMPLE, TX 76504	46-3436384	501C3	0.	8,671.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE FEAR VALLEY 101 ROBESON STREET, SUITE 410 FAYETTEVILLE, NC 28301	56-1947017	501C3	0.	8,577.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST CECIL HEALTH CENTER, INC. 49 ROCK SPRINGS ROAD CONOWINGO, MD 21918	20-5860113	501C3	0.	8,536.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NETWORK MEDICAL 185 S. PATTERSON AVENUE #C SANTA BARBARA, CA 93111	77-0116381	501C3	0.	8,464.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PASADENA HEALTH CENTER 908 SOUTHMORE AVE, SUITE 100 PASADENA, TX 77502	20-0462905	501C3	0.	8,382.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KUDOS 1400 A.O. JONES BLVD. FORT MILL, SC 29715	56-2183933	501C3	0.	8,228.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CHILDREN'S CLINIC 2790 ATLANTIC AVENUE LONG BEACH, CA 90806	95-1643332	501C3	0.	8,202.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CALDWELL COUNTY FREE CLINIC 206 WEST MAIN STREET PRINCETON, KY 42445	61-1316804	501C3	0.	8,198.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOT SHOTS CENTRAL NEBRASKA 715 NORTH ST JOSEPH AVENUE HASTINGS, NE 68901	47-0378779	501C3	0.	8,194.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LYDIA MANN 1220 MONTANA EL PASO, TX 79902	74-1759410	501C3	0.	8,191.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY HEALTH CENTER 700 OGLETHORPE AVENUE ATHENS, GA 30606	58-2603523	501C3	0.	8,080.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EDWARD R. LEAHY JR. CENTER 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501C3	0.	8,050.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COSTA SALUD COMMUNITY HEALTH CENTER - CALLE MUOZ RIVERA #28 - RINCEN, PR 00677	66-0428488	501C3	0.	8,044.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEARTLAND COMMUNITY HEALTH CLINIC 1701 W. GARDEN STREET PEORIA, IL 61605	37-1270794	501C3	0.	7,989.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JWCH INSTITUTE, INC. 5650 JILLSON STREET COMMERCE, CA 90040	95-2289916	501C3	0.	7,783.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF PINELLA - 1344 22ND ST. SOUTH - ST. PETERSBURG, FL 33712	59-2097521	501C3	0.	7,779.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR. WAY S SEATTLE, WA 98118	91-1546525	501C3	0.	7,694.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUR LADY OF GUADALUPE 227 N. NOPAL STREET SANTA BARBARA, CA 93103	95-2158892	501C3	0.	7,687.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHELTER HEALTH SERVICES 534 SPRATT STREET CHARLOTTE, NC 28206	20-3041985	501C3	0.	7,678.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDEPENDENCE DIABETES CAMP AT YMCA 2034 OUTER LAKE RD PRINCETON, IN 47670	35-0869074	501C3	0.	7,631.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE CLINICS OF OHIO, INC. 40 S. FRANKLIN STREET DELAWARE, OH 43015	27-0415624	501C3	0.	7,608.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY WIDE HEALTH SYSTEMS 1710 1ST STREET ALAMOSA, CO 81101	84-0706945	501C3	0.	7,574.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AIDS PROJECT LOS ANGELES, INC. 3743 SOUTH LA BREA AVENUE LOS ANGELES, CA 90016	95-3842506	501C3	0.	7,437.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HAMILTON HEALTH CENTER 110 S 17TH STREET HARRISBURG, PA 17104	23-1858363	501C3	0.	7,375.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAINLANDS COMMUNITY 589 SOUTH STATE STREET PROVO, UT 84606	87-0515716	501C3	0.	7,247.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FAMILY HEALTHCARE 25 NORTH 100 EAST ST. GEORGE, UT 84770	35-2163112	501C3	0.	7,188.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHILDREN AND COMMUNITY HEALTH CENTE - 120 S. CENTRAL EXPRESSWAY, SUITE 10 - MCKINNEY, TX 75070	20-0637782	501C3	0.	7,133.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLA VISTA YOUTH PROJECTS 6842 PHELPS ROAD GOLETA, CA 93117	95-3007419	501C3	0.	7,122.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. ANNA'S MEDICAL MISSION 1313 ESPLANADE AVENUE NEW ORLEANS, LA 70116	72-0631881	501C3	0.	7,016.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH PARTNERSHIP CLINIC 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501C3	0.	7,010.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501C3	0.	7,001.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH AND HOPE MEDICAL OUTREACH 1911 COOKS HILL ROAD CENTRALIA, WA 98531	27-4432389	501C3	0.	6,981.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL ASSOCIATES PLUS 2467 GOLDEN CAMP ROAD AUGUSTA, GA 30906	31-1591242	501C3	0.	6,975.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH DEVELOPMENT 200 SOUTH EVANS UVALDE, TX 78801	74-2269739	501C3	0.	6,777.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUGET SOUND CHRISTIAN CLINIC 2152 NORTH 122ND STREET SEATTLE, WA 98133	33-1052418	501C3	0.	6,669.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNITED AMERICAN INDIAN INVOLVEMENT 1125 W. SIXTH STREET, STE. 103 LOS ANGELES, CA 90017	95-2917933	501C3	0.	6,668.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL VOLUNTEERS IN MEDICINE 249 S. MAIN STREET BARNEGAT, NJ 08005	27-3491473	501C3	0.	6,648.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEAL THE CITY FREE CLINIC 609 S CAROLINA AMARILLO, TX 79106	46-5694050	501C3	0.	6,644.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE UNION SCHOOL 4465 NINTH STREET GUADALUPE, CA 93434	95-6000940	GOVERNMENT ENTIT	0.	6,581.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OKLAHOMA MENTAL HEALTH COUNCIL 4400 N. LINCOLN BLVD OKLAHOMA CITY, OK 73105	73-6111618	501C3	0.	6,530.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY HEALTH SERVICES CENTER 2913 BETIN AVENUE MONROE, LA 71201	72-1347028	501C3	0.	6,484.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROBERT K. SWEENEY DIABETES CAMP 1070 OCEAN AVENUE BOHEMIA, NY 11716-3620	11-6081424	501C3	0.	6,478.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROGRAM FOR HEALTH CARE UPMC MONTEFIORE HOSPITAL PITTSBURGH, PA 15213	23-2919472	501C3	0.	6,421.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA MARIA VALLEY 105 N. LINCOLN STREET SANTA MARIA, CA 93458	95-3144808	501C3	0.	6,257.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP UPENINSULIN 580 W. COLLEGE AVE. MARQUETTE, MI 49855	38-3815151	501C3	0.	6,234.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN SHELTER 245 E. INGER DRIVE, #103B SANTA MARIA, CA 93458	77-0133375	501C3	0.	6,196.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BARCLAY 240 WEST 11TH ERIE, PA 16501	34-0714730	501C3	0.	6,114.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SPRING BRANCH 800 W. SAM HOUSTON PKWY S HOUSTON, TX 77042	30-0198705	501C3	0.	6,110.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA FREE HEALTH CLINIC 6912 NORTH WASHINGTON AVENUE OCEAN SPRINGS, MS 39564	27-3534168	501C3	0.	6,093.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SANDCASTLE 5920 SARATOGA BLVD., SUITE 300 CORPUS CHRISTI, TX 78414	13-1623888	501C3	0.	6,081.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LION'S SOUTH FLORIDA DIABETES YOUTH - 3100 SW 62 AVENUE - MIAMI, FL 33155	65-0124370	501C3	0.	6,005.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY SQUARE CLINIC 2835 GRAND AVE DALLAS, TX 75215	75-2332948	501C3	0.	5,856.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS CENTER MEDICAL CLINIC 444 VALPARAISO PKWY, BLDG. C VALPARAISO, FL 32580	20-5518720	501C3	0.	5,746.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP COMMUNITY HEALTH CENTER - 1814 NORTH APPLETON ROAD - MENASHA, WI 54952	20-2090446	501C3	0.	5,738.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET ST. CHARLES, IL 60174	36-4475369	501C3	0.	5,661.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HOPE SERVICES, INC. 1302 WALL STREET JEFFERSONVILLE, IN 47130	35-1022158	501C3	0.	5,591.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY SERVICE AGENCY 123 WEST GUTIERREZ STREET SANTA BARBARA, CA 93101	95-1644031	501C3	0.	5,574.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LITTLE SHOT 265 SHERATON BLVD MACON, GA 31210	58-1514534	501C3	0.	5,530.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF DARLINGTON 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501C3	0.	5,503.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTLAND COMMUNITY FREE CLINIC 103 INDIA STREET PORTLAND, ME 04101	46-2965702	501C3	0.	5,345.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AVICENNA COMMUNITY HEALTH CENTER 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	27-0267757	501C3	0.	5,331.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA UNIFIED SCHOOL 720 SANTA BARBARA STREET SANTA BARBARA, CA 93101	30-0690985	GOVERNMENT ENTIT	0.	5,292.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REDWOODS RURAL HEALTH CENTER INC. 101 WEST COAST ROAD REDWAY, CA 95560	94-2337367	501C3	0.	5,282.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP PORCUPINE 1226 SPRING STREET GREENWOOD, SC 29646	57-0792372	501C3	0.	5,275.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHACKELFORD COUNTY 725 PATE STREET ALBANY, TX 76430	75-2541970	501C3	0.	5,228.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE GOOD SAMARITAN MEDICAL CLINIC 520 COLLEGE STREET COLUMBUS, MS 39701	64-0926626	501C3	0.	5,186.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROTACARE BAY AREA, INC. 514 VALLEY WAY MILPITAS, CA 95035	77-0328723	501C3	0.	5,144.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOT SHOT WENTWORTH-DOUGLASS 789 CENTRAL AVENUE DOVER, NH 03820	02-0260334	501C3	0.	5,045.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOCTORS WITHOUT WALLS 19 E. MICHELTORRENA STREET SANTA BARBARA, CA 93101	33-1210731	501C3	0.	5,016.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIRECT RELIEF FOUNDATION 27 SOUTH LA PATERA LANE GOLETA, CA 93117	20-5983698	501C3	2,802,322.	0.			

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EXCEPT IN CERTAIN EMERGENCY RESPONSE SITUATIONS WHERE THE TIMELINESS OF OUR

RESPONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN MEMORANDUMS OF UNDERSTANDING

OUTLINING THE RESPONSIBILITIES OF DIRECT RELIEF AND THE GRANTEE. REPORTING

BY THE GRANTEE VARIES BASED ON THE SIZE, SCOPE, AND TYPE OF PROGRAM,

RANGING FROM MONTHLY, QUARTERLY, OR ANNUAL REPORTING, WITH A FINAL REPORT

DUE UPON COMPLETION OF THE PROJECT. DIRECT RELIEF ALSO HAS THE RIGHT TO

AND DOES MAKE SITE VISITS TO GRANTEES TO ENSURE COMPLIANCE WITH THE PROJECT

PROPOSAL; THIS IS ESPECIALLY THE CASE WHEN IT COMES TO THE MONITORING OF

OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS E. TIGHE PRESIDENT & CEO	(i)	397,360.	0.	0.	13,250.	34,059.	444,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BHUPI SINGH EVP, COO & CFO	(i)	332,558.	0.	0.	13,250.	15,439.	361,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAWN LONG DIRECTOR, IT & QUALITY	(i)	201,021.	0.	0.	9,158.	7,916.	218,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DONALD ROANE DIRECTOR, STRATEGIC INITIATIVES	(i)	184,143.	0.	0.	9,424.	26,965.	220,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALY	(i)	183,321.	0.	0.	9,627.	14,737.	207,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JUDY PARTCH DIRECTOR, ADMINISTRATION &	(i)	158,229.	0.	0.	7,911.	15,367.	181,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RICK SNEKVIK DIRECTOR, OPERATIONS	(i)	154,225.	0.	0.	7,711.	16,802.	178,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2016

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	107	590,694	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	7,128	1,077,439,860	EST. WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISC SUPPLIES)	X	7	9,218	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DIRECT RELIEF HAS AN INTERNAL POLICY TO TRANSFER ALL BOARD-DESIGNATED

UNRESTRICTED REQUESTS AND GIFTS TO THE BOARD RESTRICTED INVESTMENT FUND

(BRIF) HELD BY DIRECT RELIEF FOUNDATION. THE PURPOSE OF THE BRIF IS TO

PROVIDE A RESERVE FOR FUTURE OPERATIONS.

FOR THE YEAR ENDED JUNE 30, 2017, DIRECT RELIEF ALSO TRANSFERRED

\$500,000 TO DIRECT RELIEF FOUNDATION TO PAY BACK THE BRIF FOR FUNDS IT

PREVIOUSLY LOANED DIRECT RELIEF. THE FUNDS WERE USED TO PAY A DEPOSIT

ON LAND THAT IS CURRENTLY BEING USED TO CONSTRUCT DIRECT RELIEF'S NEW

HEADQUARTERS AND DISTRIBUTION CENTER.

EXPENSES \$ 2,802,322. INCLUDING GRANTS OF \$ 2,802,322. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

DIRECT RELIEF'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL

VERSION OF THE 990 TO ALL CURRENT BOARD MEMBERS, REQUESTING THEY REVIEW THE

990 PRIOR TO FILING. THE BOARD MEMBERS ARE ASKED TO REVIEW AND ARE GIVEN AN

OPPORTUNITY TO RAISE ISSUES AND REQUEST CLARIFICATIONS, IF ANY. ONCE THIS

PROCESS IS COMPLETE AND BOARD APPROVAL IS OBTAINED, THE 990 IS FILED.

DOCUMENTATION OF THE DISTRIBUTION TO THE BOARD, AS WELL AS THE BOARD

MEMBERS' RESPONSES AND QUESTIONS, IF ANY, ARE MAINTAINED BY THE CHIEF

FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:

WITHIN THIRTY (30) DAYS OF THE BEGINNING OF EACH FISCAL YEAR, ALL

DIRECTORS, OFFICERS AND BOARD COMMITTEE MEMBERS MUST COMPLETE A DISCLOSURE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
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FORM REGARDING POSSIBLE CONFLICTS OF INTEREST. DISCLOSURE IS ALSO REQUIRED

OF A DIRECTOR, OFFICER, EMPLOYEE AND BOARD COMMITTEE MEMBER AT ANY TIME

WHEN THE INTEREST OF SUCH PERSON (OR MEMBER OF HIS OR HER FAMILY) COULD

AFFECT THE ACTIVITIES, PROPERTY, EMPLOYEES, OR SERVICES OF DIRECT RELIEF,

OR INVOLVES ANY POTENTIAL CONFLICT OF INTEREST AS MORE SPECIFICALLY DEFINED

IN DIRECT RELIEF'S CONFLICT OF INTEREST POLICY.

WHEN A DIRECTOR, OFFICER, BOARD COMMITTEE MEMBER OR EMPLOYEE HAS A CONFLICT

OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN A PROPOSED TRANSACTION,

THAT INDIVIDUAL SHALL RECUSE HIMSELF OR HERSELF (I.E., LEAVE THE ROOM), AND

SHALL NOT PARTICIPATE IN THE DELIBERATION ON THE MERITS OF THE PROPOSAL OR

THE VOTE. IN ALL CASES, THE EXISTENCE AND NATURE OF THE RELATIONSHIP OR THE

CONFLICT OF INTEREST DISCLOSED, THE INTERESTED PERSON'S RECUSAL, AND THE

VOTE OF THE OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF

THE BOARD OR APPLICABLE BOARD OR OTHER COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL

COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE COMPENSATION

COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSIS AND MAKES

RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION PAID TO

EXECUTIVE STAFF (CEO, COO/CFO) AND OTHER KEY STAFF POSITIONS AS THEY MAY

DETERMINE ARE APPROPRIATE. THE BENCHMARKING REVIEW INCLUDES A COMPARATIVE

ANALYSIS OF COMPENSATION PAID BY DIRECT RELIEF TO COMPENSATION PAID BY

LOCAL, SECTOR, AND NATIONAL NONPROFIT ORGANIZATIONS AS WELL AS LOCAL

FOR-PROFIT ENTITIES. DECISIONS REGARDING EXECUTIVE STAFF'S COMPENSATION ARE

THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. NO MEMBER OF THE STAFF,

INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING OFFICER/CHIEF

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
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FINANCIAL OFFICER, IS A MEMBER OF THE BOARD OF DIRECTORS, AND THE BOARD OF DIRECTORS MAY NOT DELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO A MEMBER OF THE EXECUTIVE STAFF. COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN SEPTEMBER 2017.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,AL,AK,AR,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,ND
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

DIRECT RELIEF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, COMPENSATION POLICY, DONATION POLICY, FINANCIAL STATEMENTS, AND FORM 990 (THE LATTER TWO GOING BACK TO FISCAL YEAR 2001) AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

FORM 990, PART VII, SECTION A, LINE 1(A) AND SCHEDULE J, PART II:

THE COMPENSATION REPORTED IS FOR THE CALENDAR YEAR 2016, IN LINE WITH THE FORM 990 REQUIREMENTS OF REPORTING COMPENSATION PAID OR EARNED FOR THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORGANIZATION'S TAX YEAR.

STAFF COMPENSATION IS GOVERNED BY ORGANIZATIONAL POLICY, AVAILABLE FOR REFERENCE ON OUR WEBSITE AT
([HTTP://WWW.DIRECTRELIEF.ORG/ABOUT/FINANCE/COMPENSATION/](http://WWW.DIRECTRELIEF.ORG/ABOUT/FINANCE/COMPENSATION/))

EXECUTIVE STAFF (CEO, COO/CFO) COMPENSATION IS DETERMINED SOLELY BY THE BOARD OF DIRECTORS. 100% OF THE CEO'S COMPENSATION WAS PAID FROM FUNDS

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
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PROVIDED BY THE DIRECT RELIEF FOUNDATION.

FORM 990, PART VIII, LINE 1G - VALUATION OF IN-KIND RESOURCES

DIRECT RELIEF IS THE ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN THE UNITED STATES LICENSED TO DISTRIBUTE PHARMACEUTICAL PRODUCTS IN ALL 50 U.S. STATES, AS WELL AS THE FIRST AND ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN THE U.S. TO BE DESIGNATED AS A VERIFIED-ACCREDITED WHOLESALE DISTRIBUTOR BY THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY. DIRECT RELIEF IS AMONG THE LARGEST-VOLUME PROVIDERS OF MEDICAL DONATIONS TO ITS PARTNERS WORLDWIDE. DIRECT RELIEF'S PROGRAMS INVOLVE A WIDE RANGE OF FUNCTIONS, SEVERAL OF WHICH REQUIRE SPECIALIZED EXPERTISE AND LICENSING. AMONG THESE FUNCTIONS ARE IDENTIFYING KEY LOCAL PROVIDERS OF HEALTH SERVICES IN SUCH AREAS; WORKING TO IDENTIFY THE UNMET NEEDS OF PEOPLE IN THE AREAS; MOBILIZING ESSENTIAL MEDICINES, SUPPLIES, AND EQUIPMENT THAT ARE REQUESTED AND APPROPRIATE FOR THE CIRCUMSTANCES; AND MANAGING THE MANY DETAILS INHERENT IN STORING, TRANSPORTING, AND DISTRIBUTING SUCH GOODS TO THE PARTNER ORGANIZATIONS IN THE MOST EFFICIENT MANNER POSSIBLE.

WHEN DIRECT RELIEF RECEIVES AN IN-KIND DONATION, ACCOUNTING STANDARDS REQUIRE A "FAIR MARKET VALUE" TO BE ASSIGNED TO THE DONATION. DONATIONS OF MEDICINES, MEDICAL EQUIPMENT, AND MEDICAL SUPPLIES HAVE LONG BEEN AN INTEGRAL PART OF DIRECT RELIEF'S HUMANITARIAN ASSISTANCE PROGRAMS. IN ASSIGNING A FAIR MARKET VALUE TO THE IN-KIND MEDICAL DONATIONS RECEIVED, DIRECT RELIEF USES A CAREFUL, CONSERVATIVE APPROACH THAT COMPLIES WITH THE RELEVANT ACCOUNTING STANDARDS, AND THE SPIRIT AND PURPOSE OF DISCLOSURE, TRANSPARENCY, AND ACCOUNTABILITY TO THE PUBLIC.

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
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SPECIFICALLY, DIRECT RELIEF USES THE FOLLOWING METHODOLOGY IN

DETERMINING THE FAIR MARKET VALUE OF IN-KIND MEDICAL DONATIONS:

FOR U.S. FOOD AND DRUG ADMINISTRATION (FDA)-APPROVED PHARMACEUTICALS,
BRANDED AND GENERIC, THE VALUATION BASIS IS THE "WHOLESALE ACQUISITION
COST" (WAC) AS PUBLISHED IN THE TRUVEN HEALTH ANALYTICS REDBOOK, AN
INDUSTRY-RECOGNIZED DRUG AND PRICING REFERENCE GUIDE FOR
PHARMACEUTICALS IN THE UNITED STATES.

FOR THE YEAR ENDED JUNE 30TH, 2016 THE ORGANIZATION ADOPTED A POLICY OF
USING MONTHLY PRICING INFORMATION AVAILABLE FROM THE REDBOOK ONLINE
SERVICE PROVIDED BY TRUVEN HEALTH ANALYTICS, AN IBM WATSON HEALTH
COMPANY. WAC IS THE STANDARD USED BY MANY U.S. STATES AS THE FEDERAL
UPPER LIMIT PRICING FOR DRUGS PURCHASED UNDER THE MEDICAID PROGRAM.
ALTERNATIVE METHODS OF VALUING A DRUG DONATION WOULD RESULT IN A HIGHER
VALUATION. FOR EXAMPLE, THE COMMONLY CITED AVERAGE WHOLESALE PRICE
(AWP), WHICH ALSO IS PUBLISHED IN THE REDBOOK, IS APPROXIMATELY TWENTY
PERCENT HIGHER THAN WAC FOR A PARTICULAR PRODUCT, ACCORDING TO THE
REDBOOK. DIRECT RELIEF DETERMINED THAT WAC IS THE MORE APPROPRIATE
MEASURE.

BECAUSE PRICING DIFFERENCES EXIST FOR GENERIC AND BRANDED PRODUCTS, IT
IS IMPORTANT TO NOTE DIRECT RELIEF APPLIES THE WAC VALUE TO EACH
SPECIFIC PRODUCT'S NATIONAL DRUG CODE, WHICH RELATES TO THE SPECIFIC
MANUFACTURER AND FORMULATION OF A DRUG. THIS DISTINCTION IS SIGNIFICANT
BECAUSE IT REFLECTS, FOR EXAMPLE, THE LOWER PRICE (AND FAIR MARKET
VALUE) OF A GENERIC PRODUCT RECEIVED THROUGH DONATION, COMPARED TO

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
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HIGHER-PRICED BRANDED PRODUCT.

FOR NON-FDA-APPROVED PHARMACEUTICALS, SUCH AS PRODUCTS MANUFACTURED FOR

USE IN NON-U.S. MARKETS, THE ORGANIZATION USES INDEPENDENT PRICING

GUIDES TO DETERMINE THE FAIR MARKET VALUE OF THE PARTICULAR

MANUFACTURER'S SPECIFIC FORMULATION. AS IS THE CASE WITH FDA-APPROVED

FORMULATIONS, THE VALUE RELATES TO THE SPECIFIC PRODUCT FROM THE

SPECIFIC MANUFACTURER. THE SOURCES OF SUCH PRICING INFORMATION VARY,

BUT RELEVANT INFORMATION MAY INCLUDE THE PRICE PAID BY WHOLESALERS OR

OTHER THIRD-PARTY BUYERS, A PRICE NEGOTIATED BY AN ORGANIZATION (SUCH

AS THE CLINTON HEALTH ACCESS INITIATIVE) FOR A PARTICULAR DRUG, OR

OTHER SUCH REASONABLE BASIS.

CONTRIBUTIONS OF MEDICAL EQUIPMENT AND SUPPLIES ARE ALSO RECORDED AT

ESTIMATED WHOLESALE VALUE BASED UPON APPROPRIATE PRICING INFORMATION ON

THE SPECIFIC ITEM LISTED FOR SALE IN TRADE PUBLICATION, THROUGH ONLINE

INTERNET PRICING GUIDES, AND THROUGH ITS OWN PROCUREMENT HISTORY WHEN

PURCHASING. SUCH VALUATIONS TYPICALLY ARE SUBSTANTIALLY LOWER THAN

PUBLISHED RETAIL PRICES. THE ORGANIZATION VERIFIES THE REASONABLENESS

OF THIS DISCOUNTING METHODOLOGY ON AN ANNUAL BASIS. CONTRIBUTED

MATERIALS, PROVIDED TO THE ORGANIZATION'S PARTNERS AROUND THE WORLD,

ARE RECORDED AS AN EXPENSE AT THE SAME FAIR VALUE AS THEY WERE

RECOGNIZED UPON RECEIPT AS REVENUE.

DIFFERENT PRICES OF SIMILAR PRODUCTS OR SERVICES IN DIFFERENT

GEOGRAPHIC AREAS CAN CAUSE CONFUSION. THE SPECIFICS OF DIRECT RELIEF'S

VALUATION METHODOLOGY ARE NOTED HERE IN RECOGNITION OF THE CONFUSION

THAT CAN ARISE WITH REGARD TO THE VALUE OF CONTRIBUTED GOODS AND

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
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SERVICES.

ONE SOURCE OF CONFUSION STEMS FROM THE SIGNIFICANT PRICING (AND
THEREFORE VALUATION) DIFFERENCES THAT EXIST IN DIFFERENT PARTS OF THE
WORLD FOR SIMILAR PRODUCTS. WITH REGARD TO PHARMACEUTICAL PRODUCTS,
SIGNIFICANT DIFFERENCES EXIST BETWEEN A BRANDED DRUG AND A GENERIC
EQUIVALENT FORMULATION EVEN WITHIN THE SAME MARKET, INCLUDING THE U.S.
BECAUSE DIRECT RELIEF OPERATES ON A GLOBAL SCALE, SUCH DIFFERENCES MUST
BE CONSIDERED AND REFLECTED IN THE ACCOUNTING AND REPORTING OF
CONTRIBUTIONS.

OF COURSE, SIMILAR PRICING AND VALUATION DIFFERENCES ALSO EXIST FOR
OTHER COMMODITIES AND SERVICES BEYOND PHARMACEUTICALS. IN THE U.S., FOR
EXAMPLE, THE COMMODITY OF WATER MAY BE THE EASIEST EXAMPLE, SINCE THE
PRICE THAT IS PAID FOR THE SAME COMPOUND, H₂O, RANGES FROM FREE IN A
PUBLIC TAP TO SEVERAL DOLLARS FOR A "BRANDED" EQUIVALENT BOTTLED
QUANTITY IN A HOTEL ROOM. BUT SIMILAR PRICING DIFFERENCES EXIST FOR
SERVICES AS WELL. THE OUTSOURCING AND OFF-SHORE PHENOMENA REFLECT
THAT EVEN HIGHLY SKILLED SERVICES--SURGERY, COMPUTER PROGRAMMING,
RESEARCH CONDUCTED BY PH.D.S--ARE DONE AT VASTLY DIFFERENT PRICES IN
DIFFERENT COUNTRIES.

DIRECT RELIEF'S INTERNAL PROCESSES, INFORMATION SYSTEMS, AND PUBLIC
DISCLOSURES ENSURE THAT THESE DISTINCTIONS ARE CLEARLY DOCUMENTED AND
THAT THE ORGANIZATION'S FINANCIAL REPORTING PRECISELY AND ACCURATELY
REFLECTS THE FAIR MARKET VALUE OF THE SPECIFIC ITEMS RECEIVED THROUGH
DONATION.

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IF A LOW-COST GENERIC MEDICATION IS RECEIVED THROUGH DONATION, ITS
VALUE IS PROPERLY RECORDED AS THAT OF THE GENERIC MEDICATION. IF A MORE
EXPENSIVE BRANDED PRODUCT IS RECEIVED THROUGH DONATION, ITS VALUE IS
SIMILARLY PROPERLY RECORDED AS THAT OF A BRANDED PRODUCT.

AS NOTED ABOVE, DIRECT RELIEF HAS LONG SOUGHT THE CONTRIBUTION OF
NEEDED GOODS AND SERVICES TO USE FOR HUMANITARIAN PURPOSES BECAUSE OF
THE EFFICIENCIES AND OTHER BENEFITS THAT RESULT. THE ORGANIZATION AND,
MORE IMPORTANTLY, THE PEOPLE IT SERVES, BENEFIT FROM THE LOWEST-COST,
MOST EFFICIENT USE OF RESOURCES. SO TOO DO FINANCIAL CONTRIBUTORS,
SINCE THEIR FINANCIAL CONTRIBUTIONS ARE NOT BEING USED TO PURCHASE
GOODS OR SERVICES THAT CAN BE OBTAINED DIRECTLY THROUGH DONATIONS.
THEREFORE, WHEN IT COMES TO ACCOUNTING FOR, DOCUMENTING, AND REPORTING
ANY CONTRIBUTIONS, IT IS VERY IMPORTANT THAT WE GET IT RIGHT.

A STRONG INCENTIVE EXISTS TO USE HIGHER VALUATION SOURCES, SUCH AS
RETAIL PRICES, OR USE BRANDED PRODUCT VALUES FOR GENERIC DONATIONS.
HOWEVER, WE BELIEVE THAT A CONSERVATIVE APPROACH PROVIDES THE MOST
ACCURATE, EASY-TO-UNDERSTAND BASIS AND IS BEST TO INSTILL PUBLIC
CONFIDENCE IN OUR FINANCIAL REPORTING.

FORM 990, PART IX, LINE 24A:

THE \$62,092,539 INVENTORY ADJUSTMENT WAS DUE TO THE REQUIRED
DESTRUCTION OF EXPIRED DONATED PRODUCT.

FORM 990, PART X, LINE 15, OTHER ASSETS:

DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM DIRECT RELIEF

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
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FOUNDATION ON AN ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2017

CONSISTS OF THE FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) 4,205,220

CURRENT YEAR APPROVED TRANSFERS 1,554,796

ACTUAL TRANSFERS TAKEN (4,188,547)

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2017 \$ 1,571,469

(A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY THE END OF EACH FISCAL YEAR ARE CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS - DISPOSAL OF DONATED SOFTWARE -144,939.

FY16 ACCRUED DONATED FREIGHT - USED IN FY17 -376,578.

FY17 ACCRUED DONATED FREIGHT - UNUSED IN FY 17 363,011.

SALE OF S-CORP STOCK -82,424.

TOTAL TO FORM 990, PART XI, LINE 9 -240,930.

SCHEDULE B, PART II, COLUMN (D):

THE NON-CASH PROPERTY LISTED ON SCHEDULE B REFLECTS PRODUCT DONATIONS

RECEIVED THROUGHOUT OUR FISCAL YEAR. THE SOFTWARE USED TO PREPARE THIS

FORM DOES NOT ALLOW FOR A DATE RANGE.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DR PROPERTY 1, LLC - 81-3303673 27 SOUTH LA PATERA LANE GOLETA, CA 93117	OPERATES SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF	CALIFORNIA	237.	19,160,056.	DIRECT RELIEF

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DIRECT RELIEF FOUNDATION - 20-5983698 27 SOUTH LA PATERA LANE GOLETA, CA 93117	OPERATES SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF	CALIFORNIA	501(C)(3)	LINE 11A, TYPE I	DIRECT RELIEF	X	
DIRECT RELIEF INTERNATIONAL SOUTH AFRICA NO.22 OXFORD ROAD PARKTOWN, JOHANNESBURG, SOUTH AFRICA 2193	COORDINATION OF MEDICAL SUPPORT TO AFRICAN DOCTORS AND MEDICAL CLINICS	SOUTH AFRICA	501(C)(3)	LINE 7	DIRECT RELIEF	X	
DIRECT RELIEF MEXICO AV. PASEO DE LA REFORMA 300 - PISO 9 CUAUHTEMOC, DISTRITO FEDERAL, MEXICO 06600	COORDINATION OF MEDICAL SUPPORT TO MEXICAN DOCTORS AND MEDICAL CLINICS	MEXICO	501(C)(3)	LINE 7	DIRECT RELIEF	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) <div>Disproportionate allocations?</div>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <div>General or managing partner?</div>		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIRECT RELIEF INTERNATIONAL SOUTH AFRICA - SEE PART VII	B	60,000.	CASH VALUE
(2) DIRECT RELIEF MEXICO - SEE PART VII	B	517,697.	CASH VALUE
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 2A (3):

THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF INTERNATIONAL

SOUTH AFRICA, A SOUTH AFRICA CORPORATION THAT IS 100% OWNED BY DIRECT

RELIEF. THE TOTAL TRANSFERS TO DIRECT RELIEF INTERNATIONAL SOUTH

AFRICA FOR THE YEAR ENDED JUNE 30, 2017 WERE \$60,000.

SCHEDULE R, PART V, LINE 2A (4):

THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF MEXICO, A MEXICO

CORPORATION THAT IS 100% OWNED BY DIRECT RELIEF. THE TOTAL TRANSFERS

TO DIRECT RELIEF MEIXCO FOR THE YEAR ENDED JUNE 30, 2017 WERE \$517,697.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0087

2016

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		DIRECT RELIEF	95-1831116
		Number, street, and room or suite no. If a P.O. box, see instructions. 27 SOUTH LA PATERA LANE	E Unrelated business activity codes (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code GOLETA, CA 93117	523000
C Book value of all assets at end of year 275,739,804.	F Group exemption number (See instructions.) ▶		
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity. ▶ INVESTMENT IN S-CORPORATION STOCK**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ DIRECT RELIEF, BHUPI SINGH, EVP, C Telephone number ▶ 805-964-4767

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a 82,424.		82,424.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 82,424.		82,424.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules) SEE STATEMENT 2 SEE STATEMENT 1		20	8,142.
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions. Add lines 14 through 28		29	8,142.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	74,282.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	74,282.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	73,282.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 13,321.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Tax on Non-Compliant Facility Income.** See instructions **39****40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 13,321.**Part IV Tax and Payments****41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a****b** Other credits (see instructions) **41b****c** General business credit. Attach Form 3800 **41c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **41d****e Total credits.** Add lines 41a through 41d **41e****42** Subtract line 41e from line 40 **42** 13,321.**43** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **43****44 Total tax.** Add lines 42 and 43 **44** 13,321.**45a** Payments: A 2015 overpayment credited to 2016 **45a****b** 2016 estimated tax payments **45b** 16,274.**c** Tax deposited with Form 8868 **45c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **45d****e** Backup withholding (see instructions) **45e****f** Credit for small employer health insurance premiums (Attach Form 8941) **45f****g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total **45g****46 Total payments.** Add lines 45a through 45g **46** 16,274.**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **47** 211.**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48****49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 2,742.**50** Enter the amount of line 49 you want: **Credited to 2017 estimated tax** **Refunded** **50** 2,742.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**51** At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **SEE STATEMENT 3** **Yes** **No** X**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No** X**53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date EVP, COO & CFO Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No**Paid Preparer Use Only**Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

Form 990-T (2016)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to		
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		
				Yes	No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8		0.	

Form 990-T (2016)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return.

► Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No. 1545-0123

2016

Name		Employer identification number	
DIRECT RELIEF		95-1831116	
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction	1	73,282.
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences *	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	73,282.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	73,282.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment. <ul style="list-style-type: none"> If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	73,282.
6	Alternative tax net operating loss deduction. See instructions	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	73,282.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0.
b	Multiply line 8a by 25% (0.25)	8b	0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	33,282.
10	Multiply line 9 by 20% (0.20)	10	6,656.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	6,656.
13	Regular tax liability before applying all credits except the foreign tax credit	13	13,321.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

* SEE ALSO

SEE STATEMENT 4

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
ZUFALL HEALTH	N/A	24,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		24,000.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	2
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QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

24,000

TOTAL CONTRIBUTIONS AVAILABLE

24,000

TAXABLE INCOME LIMITATION AS ADJUSTED

8,142

EXCESS 10% CONTRIBUTIONS

15,858

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

15,858

ALLOWABLE CONTRIBUTIONS DEDUCTION

8,142

TOTAL CONTRIBUTION DEDUCTION

8,142

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT	3
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NAME OF COUNTRY

SOUTH AFRICA
MEXICO

FORM 4626	AMT CONTRIBUTIONS	STATEMENT	4
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2011			
FOR TAX YEAR 2012			
FOR TAX YEAR 2013			
FOR TAX YEAR 2014			
FOR TAX YEAR 2015			
TOTAL CARRYOVER			
CURRENT YEAR CONTRIBUTIONS		24,000	
TOTAL CONTRIBUTIONS		24,000	
10% OF TAXABLE INCOME AS ADJUSTED		8,142	
EXCESS CONTRIBUTIONS		15,858	
ALLOWABLE CONTRIBUTIONS		8,142	
AMT CHARITABLE DEDUCTION		8,142	
REGULAR CONTRIBUTION DEDUCTION		8,142	
AMT CONTRIBUTION ADJUSTMENT		0	

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2016

Name

Employer identification number

DIRECT RELIEF

95-1831116

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	90,000.	7,576.		82,424.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	82,424.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	82,424.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	18	82,424.

Note: If losses exceed gains, see **Capital losses** in the instructions.

Part IV Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV **only** if the corporation has

qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	20		
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17	21		
22 Multiply line 21 by 23.8% (0.238)	22		
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	24		
25 Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
27 Multiply line 26 by 35% (0.35)	27		
28 Add lines 22, 24, and 27	28		
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	29		
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return	30		

Schedule D (Form 1120) 2016

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2016

Attachment
Sequence No. **12A**

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

DIRECT RELIEF

Social security number or taxpayer identification no.

95-1831116

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

FORM 990-T

2016

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name DIRECT RELIEF	Employer identification number 95-1831116
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Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	13,321.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty	3	13,321.
4 Enter the tax shown on the corporation's 2015 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	13,321.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 10/15/16	12/15/16	03/15/17	06/15/17
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	10 3,330.	3,331.	3,330.	3,330.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11			
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12			
13 Add lines 11 and 12	13			
14 Add amounts on lines 16 and 17 of the preceding column	14	3,330.	6,661.	9,991.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	3,330.	6,661.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	3,330.	3,331.	3,330.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2016)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2016 and before 7/1/2016	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{366}$...	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2016 and before 10/1/2016 ...	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{366}$...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2016 and before 1/1/2017	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{366}$...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2016 and before 4/1/2017 ...	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2017 and before 7/1/2017	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2017 and before 10/1/2017 ...	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2017 and before 1/1/2018	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2017 and before 3/16/2018 ...	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38			
		\$		211.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2016)